

**'Bugger you lot I know I can do it!': Discourses about  
Empowering People with Learning Disabilities**

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## **Declaration of Originality**

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## **Summary**

According to recent Government policy, people with learning disabilities are disempowered by a culture within learning disability services which increases dependence rather independence (e.g. Department of Health, 2001; 2009). Indeed, several researchers who have examined interactions between people with learning disabilities and their support workers (e.g. Antaki, Finlay, Sheridan, Jingree and Walton, 2006; Antaki, Finlay and Walton, 2007; Finlay, Antaki and Walton, 2008b; Jingree, Finlay and Antaki, 2006) suggest that though support workers are responsible for facilitating the independence of service-users, this is often in the face of managing several other conflicting agendas (e.g. service-user safety and well-being) which may have an undermining effect on initial efforts to empower service-users. Taking a critical realist stance, this thesis used discourse analysis to examine poly-vocal accounts about empowering people with learning disabilities. By adopting this position the identification of interpretative repertoires and their functions in talk allowed for discussions about the organisation of power in social relations with people with learning disabilities.

The first study of this thesis was a discourse analysis of staff accounts about facilitating the independence of service-users. This analysis not only focused on how staff presented their conflicting agendas as an ideological dilemma (Billig et al, 1988) it also examined how speakers constructed their own identity and service-user identity when facilitating choices and control. It was found that speakers invoked increasing autonomy repertoires which were presented as the guiding principal to staff practice. However, these repertoires also functioned as dilemmatic resources, which, when advanced with other interpretative repertoires (e.g. practicalities repertoires or conformity and normalisation repertoires) allowed staff to present arguments against facilitating freedom of choice. Staff also drew on different contrast structures (e.g. good/bad staff, past/present descriptions, we/they categorisations) to persuasively argue about facilitating service-user choices and control.

The second study was a discourse analysis examining service-user accounts about having choices and control. This study examined how speakers positioned themselves in talk and considered the functions that such identity constructions performed. Speakers were found to draw on guardianship and incompetence repertoires in three

different ways. This was found to have disempowering effects in a manner similarly described by Scior (2003). However, it was also found that these repertoires allowed speakers to perform some useful tasks in talk such as managing blame and responsibility and constructing a competent identity. This analysis also identified ways in which speakers express dissatisfaction and discontentment at the services they receive.

The third study was a discourse analysis examining focus group discussions between family carers about facilitating the independence of their adult son, daughter or sibling with learning disabilities. This study focussed on how speakers positioned themselves in talk, and constructed the identities of their son/daughter/sibling and services/service-workers. It was found that family carers also drew on increasing autonomy repertoires. However, this was found to perform different tasks to those identified in staff talk. In this context it was found that speakers drew on these repertoires to construct the facilitation of independence as a ridiculous and ill-considered, professional idea. As seen in the second study, family carers also drew on guardianship and incompetence repertoires. However, in this case these repertoires allowed speakers to construct their family members as incompetent, detached from reality and in need of structure. It also opened up speaker positions as authoritarian parents which allowed parents to justify managing their family member's routines. Following the empirical chapters, consideration was given to how all of these studies have contributed to our understanding of empowering people with learning disabilities.

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# **Chapter 1**

## **Introduction**

### **1.1 The Epistemological Position of this Discourse Analytic Thesis**

Before reviewing the relevant literature about empowerment and people with learning disabilities (in chapter 2), I felt that it was important to situate this thesis within a particular discourse analytic position. This position concerns the debate within discursive psychology regarding the existence of an objective reality outside of human discourse. It is not my intention to go into the complexities of this debate here, but to draw the reader's attention to how this thesis stands within the social constructionist episteme. As Gillies (2004) explained, some postmodernist discourse analysts may take up an extreme relativist position whereby analyses focus on how discourses are constructed and reality is constituted in and through discourse. By taking up this extreme stance, relativist discourse analysts are critical of privileging any account or interpretation of events over and above any others. However, as Parker (1999) argues, any 'real' phenomena such as social deprivation and disempowerment are merely given a socially constructed status. Therefore, any claims of there being an objective disempowerment or deprivation are denied. By adopting such an extreme relativist position, Yardley (1997a) suggested that the material dimension of human lives is overlooked. Hence, few discourse analysts adopt such an extreme relativist position. Instead, many prefer to emphasise the merit and utility of their discourse analysis by considering how the socio-linguistic aspects of experience relate to material existence. Nonetheless, the problems associated with adopting an extreme relativist social constructionist position of 'tolerating a variety of perspectives and making...arguments about unreality-is a mixed blessing' (Parker, 1999, p. 69) as it allows us to develop an alternative position in critical realism. However, before I move on to present a case for critical realism, I must emphasise that this shall also remain a social constructionist thesis. Therefore, in the following paragraphs I outline the characteristics of social constructionism which are retained by adopting this social constructionist, critical realist position.

Gergen (1985) was one of the first to bring social constructionism to the attention of the psychological academic community. He described social constructionism as being concerned with unveiling the processes by which people come to describe and account for the world in which they live. According to social constructionists, the world we experience and the

identities we ascribe to ourselves and others are the product of social processes of which language and the categories and meanings which they confer onto things are central (Burr, 2003; Cromby and Nightingale, 1999; Gergen, 1985). However, the extent to which social constructionists subscribe to this argument varies. Some (e.g. Edwards and Potter 1992) argue that ‘there is nothing beyond the text,’ whilst others argue that there *is* a real world, but what we can know of this is restricted by the sensory apparatus of our species. The critical realist position of this thesis leans more towards the latter of these positions. Critical realism also retains the social constructionist notion that our understandings of the world are historically and culturally specific (Burr, 2003). However, whilst some social constructionists emphasise the variation between cultures, others simultaneously call attention to the commonalities and consistencies between and across cultures (Cromby and Nightingale, 1999). Social constructionism and critical realism also both take a critical stance towards taken for granted knowledge (Burr, 2003, Gergen, 1985), the positivist and empiricist approach which ‘aspires towards finding universal truths’ (Taylor, 2001; p. 11) and the assumption that ‘facts’ can be gathered through neutral, objective observation. Indeed, Parker (1999) argues that thanks to its grounding in social constructionism, critical realism ‘exposes positivist psychology’s pretensions to model itself on what it imagines the natural sciences to be’ (p. 69). However, as Cromby and Nightingale (1999) note, there are two separate strands to social constructionist critique:

‘One strand promotes a relativism which does not give rise to any explicit political activity, but is nevertheless opposed to the positivist tradition which still informs most of mainstream psychology. The other strand holds that whilst social constructions are relative, they are not arbitrary, but emerge through social processes that are shaped by influences such as power relationships and material resources. Both strands share an emphasis upon the socially constructed and therefore malleable nature of our world, but differ in the extent to which they use this understanding as grounds for political (as opposed to philosophical or methodological) critique’ (p. 6).

Because this thesis hopes to provide a critique of current research and literature, to assist supporters of people with learning disabilities to find solutions to existing dilemmas in learning disability practice and to establish new ways in which to examine empowering people with learning disabilities, it is the latter strand of social constructionism which this thesis subscribes to.

Social Constructionism therefore, forms the foundations to my critical realist position. There are, however, also areas of divergence. Before I proceed with describing these differences however, it is firstly important to outline the roots of critical realism. Roy Bhaskar was a

major proponent in critical realist philosophy. He was critical of empirical science's focus on what he referred to as 'actualisms' (Bhaskar, 1989),

'which, while asserting the reality of things and/or events and/or states of affairs, denies the existence of underlying structures which determine how things come to have their events, and instead locates the successions of cause and effect at the level of events: every time A happens, B happens' (Collier, 1994, p. 4).

Therefore, Bhaskar argued for an absolute realist ontology in which he argued that objects exist independently of human understandings of them (Bhaskar, 1978). This is a direct contrast with relativist social constructionism. However, as we shall see below, these ideas have similarities with the critical realist social constructionist view taken by Cromby and Nightingale (1999). Bhaskar also argued that it was imperative that questions of epistemology should not be confused with questions of ontology (Bhaskar, 1978; Norris, 1999). Additionally, unlike some social constructionists, he believed that it *was* possible know of the true nature of the world objectively, without the influence of our socio-cultural histories. However, he instead argued that it is the *processes* by which we come to know of these objects and their mechanisms that are socially mediated (Bhaskar, 1978; Bryant, 2009). On this basis, he believed that there may be limits to what we can know. Therefore, Bhaskar's focus on the importance of underlying ontological structures and our understandings of these through socially mediated scientific processes has similarities with the critical realist discourse analytic notion of the importance of extra-discursive features in a social constructionist analysis. It is to these ideas that I turn to now.

Cromby and Nightingale (1999) argue that social constructionism's strong emphasis on the role of language in the constitution of the world and subjectivities has resulted in a failure to consider three issues. These issues are embodiment, materiality and power and have been referred to as extra-discursive features in talk (Sims-Schouten, Riley and Willig, 2007). By accounting for these we can develop an alternative social constructionist position as critical realist. Cromby and Nightingale (1999) describe these three extra-discursive elements as follows:

'the influences of embodied factors (from missing limbs to coldsores) and personal-social histories (from idyllic childhoods to abusive incidents) upon social situations and individual activity.

the [sic] ways in which the possibilities and constraints inherent in the material world always already shape and inform the social constructions we live through and with.

the [sic] power of institutions, governments and multi-nationals, and the inequalities that arise from those structural features of society usually described under terms such as “capitalism” or “patriarchy” (p. 3).

Indeed, Cromby and Nightingale (1999) also argue that because relativist social constructionist thought does not consider issues of embodiment and materiality, it cannot adequately address issues of power. What is more, they suggest that power (for example in the reproduction of racist discourse described by Potter and Wetherell, 1987; Wetherell and Potter, 1992) operates through discourse. However, unless such discourse is situated within the material and embodied context through which it acquires its meaning, ‘such analyses will remain paradoxically incapable of fully addressing their own significance (as Wetherell and Potter, 1992, in fact seems to acknowledge)’ (p. 14). It is this shortcoming of social constructionism which this thesis hopes to avoid. Therefore, following Cromby and Nightingale (1999), Gillies (2004), Parker (1999), Sims-Schouten et al (2007), Yardley (1997a; 1997b), Yardley and Beech (1998), Yardley and Murray (2004) and Verkuyten (2005), this thesis hopes to adopt a critical realist variation of social constructionism. Therefore, not only will the material circumstances which produce the discourses be explored in the literature review in chapter 2, the material consequences of this discursive research will also be reported throughout this thesis (see Yardley, 1997b). Indeed, as Yardley (1997a) further argues, the socio-linguistic and material aspects of human experience are linked. However, whilst both can be examined separately, it is also useful to explore their ‘reciprocal influence’ (p. 2). It is felt that this argument is the most constructive stance to take throughout this thesis.

The rest of this Introduction will provide a brief overview summarising the contents of the remaining chapters within this thesis. However, before moving to this, it is important to first outline the different labels used to identify the individuals who are described and discussed in this thesis and also to explain my use of the label ‘learning disabilities.’

### **1.1.1 Definitions of ‘the label’**

Until 2006, the American Association of Mental Retardation used the label ‘mental retardation.’ This changed to ‘intellectual disabilities’ after members voted to change the name of the association to the American Association of Intellectual and Developmental Disabilities (AAIDD). AAIDD (2009) define intellectual disability as follows:

‘intellectual disability is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18.’

In the UK, the medical term ‘mental handicap’ was commonly used until 1995. This has now been replaced with the term ‘learning disabilities.’ The British Institute of Learning Disabilities (BILD) define ‘learning disabilities as follow:

‘Learning Disability is a diagnosis, but it is not a disease, nor is it a physical or mental illness. Unlike the latter, so far as we know it is not treatable.

Internationally three criteria are regarded as requiring to be met before learning disabilities can be identified:

- Intellectual impairment
- Social or adaptive dysfunction
- Early Onset’ (BILD, 2007, p.2)

BILD also describe ‘learning disabilities’ as a label which is only convenient for certain purposes. ‘It is convenient in discussion and planning for services’ (p. 1) but only describes one aspect of a person rather than capturing the whole person. Following BILD, ‘learning disabilities’ is the term adopted in this thesis to refer to a group of individuals who have been so labelled and identified by the health and medical professions. Therefore, though this social constructionist critical realist thesis will treat any essentialist assumptions about the nature of learning disabilities critically, the labelling of these individuals (and the material and historical implications of being labelled) shall be treated as real.

## **1.2 Chapter 2-Empowerment and People with Learning Disabilities**

This chapter will outline contemporary Government policy and literature about empowering people with learning disabilities. A case will then be made for adopting an alternative, discourse analytic position. Finally the research questions which will be addressed in the empirical chapters will be presented.

## **1.3 Chapter 3-A Turn to Discursive Approaches**



This chapter provides a comprehensive overview of the discourse analytic methods which will be used in this thesis. In particular, this chapter focuses on the debate between Billig (1999), Schegloff (1997) and Wetherell (1998) in which Wetherell makes a case for critical discursive psychology. This is the method used in all the empirical chapters of this thesis. An overview of conversation analysis is also provided as a light form of this is used in the third empirical chapter.

#### **1.4 Chapter 4-“You can’t do it...it’s theory rather than practice”: An examination of staff talk about empowering people with learning disabilities.**

This chapter is the first of the three empirical chapters. In light of the continued disempowerment of people with learning disabilities identified in Government policy and learning disability literature, this study will examine staff talk about increasing the choices and control of service-users with learning disabilities. A critical discursive psychological framework (Edley, 2001; Wetherell, 1998) will be used to identify the interpretative repertoires drawn on in staff talk, the subject positions made available by these interpretative repertoires and how staff negotiate ideological dilemmas (Billig, Condor, Edwards, Gane, Middleton and Radley, 1988) in their conflicting agendas.

#### **1.5 Chapter 5-‘I’m quite head strong’: A discourse analysis of service-user talk about having choices and control**

Following Government and service agendas to increase the participation of individuals with learning disabilities, this study again uses Edley (2001) and Wetherell’s (1998) critical discursive psychological method to examine interview data in which service-users constructed accounts about having choices and control. Although previous research has sought to gauge the opinions of people with learning disabilities, many of these have been carried out from a positivist tradition (see e.g. Hatton et al (2004), Stancliffe (1997), Stancliffe and Abery (1997) Wehmeyer and Bolding (2001). In contrast, this study hopes to examine how service-users construct accounts in their own terms and what identities they ascribe to themselves in doing so.

#### **1.6 Chapter 6-“Now the professionals think that’s great”: an examination of parent talk about increasing the choices and control of individuals with learning disabilities.**

The final empirical study examines focus group discussions between family carers of individuals with learning disabilities about increasing choices and control. These discussions

will also be analysed using Edley (2001) and Wetherell's (1998) critical discursive psychological framework. Analysis focuses on the variability and performative functions of talk and what identities were made available by the interpretative repertoires invoked. A light version of conversation analysis will also be used in this study to provide a close examination of the turn-by-turn unfolding of participant talk.

## **1.7 Chapter 7-Discussion**

This final chapter provides an overview of the themes and findings presented in each empirical chapter before considering how these findings have advanced our understanding of the discourses around empowering people with learning disabilities. This chapter also explores how staff, service-users and family carers construct increasing choices, control and self-determination and discusses the identities of individuals with learning disabilities, paid support workers and family carers constructed by these discourses. Suggestions of possible solutions are made and areas for future study are put forward.

## **Chapter 2**

### **2.1 Introduction**

This is a social psychological thesis about empowerment and people with learning disabilities. Therefore, although a discourse analytic approach is adopted, the literature on autonomy and empowering people with learning disabilities should not be hastily dismissed. For this reason, a critical realist discourse analytic position (see chapter 1 which introduces this position to the reader) is adopted in this thesis, which makes a case for situating discourse within its material, historical and cultural context and, therefore, presenting a more ‘grounded social constructionism’ (Cromby and Nightingale, 1999). Therefore, through this critical realist, social constructionist lens, traditional research is treated as providing a historical and material overview about empowerment and increasing the independence of people with learning disabilities. Some of this literature also contributes to the discursive resources that are drawn on in talk. For example, issues surrounding risk and safety are discussed extensively in the literature and these form some of the institutional discourses identified in staff talk in later empirical chapters. Similarly concepts of autonomy which inform much of the research about empowering people with learning disabilities make up many of the discourses drawn on in talk about increasing choices and control and resisting disempowering situations.

Thus, over the following sections, this chapter will seek to outline Government policy and literature which considers how and why individuals with learning disabilities lack choices and control over their lives. Section 2.2 concentrates on Government policy. This is followed by a discussion in section 2.3 about concepts such as autonomy, empowerment, choice and control. During this section, not only are these concepts described, but anecdotal and empirical literature from the field of learning disabilities is also critically discussed in a way which seeks to identify how and why people with learning disabilities continue to be disempowered. This section also examines literature about promoting autonomy, choices and control. In section 2.4, a review of the literature about models of disability and the ways in which they can be constructively applied to improving opportunities for empowering people with

learning disabilities is presented. An alternative, discourse analytic approach which this thesis adopts is presented in section 2.5, whereby I consider how a discourse analytic approach can add to the existing literature about empowering people with learning disabilities. Finally, in section 2.6 a brief overview of how this thesis is situated within the current literature is presented and the research questions are outlined.

## **2.2 Government Policy**

Bogdan and Taylor (1994) describe historical perceptions about people with learning disabilities as 'deviant, different and economically unproductive. They represent an embarrassment to others,' (p.15). The product of such discrimination against them has been that they have consequently endured a history of segregation, sterilisation and state control in the form of institutionalisation (Stainton, 2000). Bogdan and Taylor (1994) described former institutions for people with learning disabilities as dumping grounds with the most bleak and austere conditions and inadequate care characterised by drugging, straight jackets, isolation cells, unsanitary conditions and medical neglect. The White Paper, 'Better Services for the Mentally Handicapped,' (Department of Health, 1971) was implemented to reverse the social segregation experienced by people with learning disabilities. Thirty years following its recommendations, the extent of the success of moving people with learning disabilities into the community can be seen by the vast reductions of places in NHS long-stay hospitals and the increase in number of places in residential care (Department of Health, 2001). Despite these successes however, the oppressive situation persists. More recently several Government documents have been published which identify continuing problems. For example a recent White Paper entitled 'Valuing People,' (Department of Health, 2001), identified concerns such as the fact that only 30% of people with learning disabilities have a friend who is not either learning disabled, their paid carer or part of their family. Furthermore, it was found that only 6% of people with learning disabilities have control over where they live whilst only 1% have choice over their carer. The new White Paper set the agenda for further changes by challenging exclusion and increasing life opportunities for people with learning disabilities. One main focus of 'Valuing People,' (Department of Health, 2001) concerned the level of choices and control that people with learning disabilities have over many aspects of their lives. The new agenda aimed to assist and

support people with learning disabilities in becoming full members of the society in which they live. It was suggested that one of the areas that needed attention was in ensuring that they and their families were given better advice, increasing their control over where and how they lived. However, a problem identified as hindering this progression was the culture of professionals deciding on what was better for the individual. This is one of the areas which will be explored in the first empirical chapter (chapter 4) of this thesis. Other objectives addressed by the Government proposals included increasing opportunities for people with learning disabilities to participate in all forms of work and assisting them in developing a range of friendships and relationships, including ones of a sexual nature, by promoting social inclusion and forming supportive services. Four key principles were proposed, with a view to ameliorating some of these issues. One related to enforcing the legal and civil rights of people with learning disabilities, therefore promoting their right to vote, marry and have a family. Another principle aimed to target services, providing support that maximises independence in people with learning disabilities. The third principle looked to increasing the choices available to them regarding where they live and work and who cares for them. Finally, the fourth principle discussed increasing their social inclusion, enabling them to be fully involved with the local community.

Similarly a Green Paper entitled 'Independence, Well-Being and Social Care,' (Department of Health, 2005) stated that the principle behind adult social care should be the right to control one's own life. This paper proposed a vision for adult social care which embraced independence rather than dependence and facilitated individual contributions to the community whilst supporting individuals with learning disabilities in overcoming barriers to inclusion. In addition, this paper also outlined its aims for the forthcoming 10-15 years which included most effectively meeting user needs by increasing choices and control as well as increasing opportunities for service-users to participate in activities taken for granted by other citizens. It was hoped that debate would be encouraged with regards to protecting people with disabilities whilst allowing them to manage their own risks. Support and protection were also highlighted as important in improving the lives of service-users. However, as will be discussed in the following sections of this review, some of these values are reported to be at odds with the principles of choice and control (See e.g. Antaki,

Young and Finlay, 2002; Antaki, Finlay, Sheridan, Jingree and Walton, 2006; Antaki, Finlay, & Walton, 2007; Jingree, Finlay and Antaki, 2006).

The Green Paper (Department of Health, 2005) also identified current problems in care provision where it was found that there was often a failure to treat adult service-users as adults. This accords with 'Valuing People's' (Department of Health, 2001) report that independence is hindered by a culture of professionals deciding what is better for service-users. Therefore, through these practices a culture of dependence rather than independence is fostered. Another problem identified with current care provision is the fact that rather than tailoring services to suit user needs, clients are expected to adapt to the services offered. This problem has also been noted by Dowson (1997) who reported that such a situation could have a disempowering effect on service-users. He argued that in life outside of services, power in relationships between individuals is not allocated in advance but comes to be negotiated between parties. In contrast, within services, power is already pre-assigned to the service professionals. Therefore, the assessment of the user's needs and the distribution of funding is decided on without the participation of the service-users. In addition, people with learning disabilities living within services have no form of tenants' rights, are rarely given privacy, choices over routine and choices over who they live with. On this basis he concluded that the care industry failed to meet a standard where people with learning disabilities are extended the same rights, respect, dignity and opportunities which are expected by other citizens.

More recently a new three year Government strategy 'Valuing People Now' (Department of Health, 2009) cited some of the progress that had been made since Valuing People in 2001. For example, it reported that more individuals with learning disabilities now have a voice through advocacy, regional and national forums and person centred planning (for a definition of person centred planning see glossary in appendix 6). Indeed, for some individuals, person centred planning had made a positive difference to their lives. Despite these improvements however, people with learning disabilities continue to be one of the most excluded groups in our society. Though more individuals have control over where they live, only 15% have a home of their own. Indeed, despite 'Valuing People's' proposals to increase employment opportunities for individuals with learning disabilities, 'Valuing People Now'

reported that only one in ten individuals known to the social services had any form of paid employment. Moreover, few of these individuals worked more than sixteen hours a week. This strategy, therefore, argued that the way forward was to begin by re-affirming the four key principles of rights, independent living, control and inclusion laid out in 'Valuing People.'

All of the Government papers reported here have, therefore, called for a challenge to the persistent disempowerment of people with learning disabilities. This movement stems from new 'consumer' identities that have become available to people with learning disabilities. Cumella (2008), for example, noted that as a consequence of consumerist ideas, 'Valuing People' begins with a critique of the current quality and coordination of services for people with learning disabilities. However, despite the proposal of four key principles, no plans are made to increase the legal and civil rights of those individuals. Instead, it is emphasised that these principles may be achieved by increasing service-user or 'consumer' 'choice' through various assessment methods such as person-centred planning. According to Gilbert (2003), such 'consumer' identities have become increasingly available to service-users through citizenship style discourses. Gilbert, Cochrane and Greenwell (2005) describe these as follows:

'In the UK and much of Europe today, citizenship is expressed through a discourse of "equality of opportunity" (Dwyer, 2002). Opportunity and choice are the antidotes to welfare dependency, and central to this is paid work (Lister, 2001). At the same time a moral discourse of rights and duties persists, which works to produce a second-class position in citizenship for individuals who are unable to work and are reliant on welfare (Lewis, 1998)' (p. 288).

It could be argued that the problems identified in Government policy are constructed through discourses like Gilbert et al's (2005) citizenship discourses, which are underpinned by discourses of normalisation (Wolfenberger, 1972) and have led to the movement of people with learning disabilities out of the institutions and into the community. These citizenship discourses make available new identities for people with learning disabilities, for example as 'citizen-tenant' (Gilbert, 2003, p. 39), which increases their status to citizens participating in their community and to consumers receiving services. Such identities are a reversal of the previous identities of dependence. However, Gilbert (2003) and Gilbert et al (2005) also noted that such

identities produce contradictory positions where ‘feelings of responsibility are created as individuals become accountable for their choices and obligation is produced through a “felt responsibility” for a particular community’ (p.294). This means that as individuals with learning disabilities gain more independence and control, questions are raised concerning the extent to which they can be responsible for the consequences of having increased independence. Therefore, ‘secondary positions’ are produced, whereby people with learning disabilities continue to be assessed for their ability to understand and manage their choices. Indeed in a review by Finlay, Antaki, & Walton (2008a) it was reported that service-users may be guided into making certain decisions because of imbalances in cognitive, linguistic and physical skills, disparities in the availability of knowledge and resources to both parties and also because the information used to enable service-users to make informed choices may be mediated by care professionals.

This suggests that the proposals outlined in ‘Valuing People’ (Department of Health, 2001) and ‘Valuing People Now’ (Department of Health, 2009) are not as straightforward as they seem. Burton and Kagan (2006) point out that the picture painted by ‘Valuing People’ is that of a ‘utopia’ (p. 305), whereby,

‘A kind of inadvertent trick takes place where the least impaired people are used in the imagery to stand for all the others,...yet the life circumstances of many of those with lesser impairments are ignored’ (p. 305).

They also argue that there is a kind of romanticism about learning disabled people, which glosses over their impairments and minimises the ‘real’ (p 305) difficulties encountered in supporting policies such as autonomy, inclusion and meaningful activity. However, this presumed limit to what people with learning disabilities can achieve has been challenged. For example, in putting forward their proposals to increase employment opportunities for all individuals with learning disabilities, ‘Valuing People Now’ (Department of Health, 2009) argues that there has to be a challenge to the assumption that individuals with moderate to severe learning disabilities cannot work. The belief has to be there that ‘work is a genuine possibility’ (p. 87). Without this belief, the right information and support to assist individuals into employment would not be implemented. Therefore, from the social constructionist, critical realist perspective of this thesis, Burton and Kagan’s account



arguably has the effect of constructing the proposals of 'Valuing People' as an unrealistic ideal with the implication of limiting the potential to increase the choices and control of all people with learning disabilities. On the other hand, 'Valuing People Now' constructs individuals with learning disabilities as having the potential to achieve anything given the correct support and adaptations to the environment.

Studies examining the implementation of these proposals will be discussed further in the following section (2.3) whereby concepts such as autonomy, empowerment, choices and control will also be examined. According to Valuing People (Department of Health, 2001) these concepts form the foundations for improving quality of life and services for people with learning disabilities and are now entering professional discourses surrounding service delivery and practice. Therefore, an examination of these concepts is provided here because they are believed to form the fabric of talk surrounding people with learning disabilities. This section will also allow us to examine how these concepts are drawn on in discourses about increasing choices and control for people with learning disabilities in the empirical chapters.

### **2.3 Autonomy, Empowerment, Choices and Control**

As a result of Government proposals to increase the rights of people with learning disabilities, the terms autonomy, empowerment, choice and control have come to be used frequently and almost with abandon in the literature on people with learning disabilities. As noted by Ramcharan and Borland (1997) in relation to the term empowerment, 'it has entered the language of professionals, tripping lightly off the tongue as a rationalisation for virtually any of their work for, or with, people with disabilities' (p. xi). However despite the regularity over which these concepts were encountered in the literature, I found only occasional attempts to clarify or define the terms. Accordingly in his discussion of the current understanding of the concept of choice, Harris (2003) reported that the need to promote choice and the right to exercise it is being endorsed by a wide spectrum of political professionals. However, blurring the concept of choice seems to be more politically practical than defining it.

#### **2.3.1 Autonomy**

The Oxford Dictionary of English (2003) gives the following definition of autonomy,

‘**autonomy** ► **noun** (pl. **autonomies**) [mass noun] the right or condition of self government: *Tartarstan demanded greater autonomy within the Russian federation.*

■ [count noun] a self governing country or region. ■ freedom from external control or influence; independence. ■ (in Kantian moral philosophy) the capacity of an agent to act in accordance with objective morality rather than under the influence of desires.

-DERIVATIVES **autonomist** noun & adjective

-ORIGIN early 17<sup>th</sup> cent.: from Greek *autonomia*, from *autonomos* ‘having its own laws’, from *autos* ‘self’ + *nomos* ‘law’ (p. 108).

These notions of ‘freedom from external control or influence’ and ‘independence’ seem particularly relevant to Government ideas of empowering people with learning disabilities. However, there is a scarcity of clear definition in the literature on learning disabilities. I therefore turned to literature on ethics and care, but even within this field different opinions have been expressed regarding the meaning of the term. Not only has it been equated with liberty, self rule, sovereignty and freedom of will, it has also been coupled with dignity, individuality, independence and responsibility. In addition, autonomy has been likened to virtues such as self assertion, critical reflection and knowledge of one’s own interests. As in the dictionary definition, it is also believed to require conditions such as freedom from obligation and absence of external causation (Dworkin, 1989; cited in van Thiel and van Delden, 2001). Traditionally, autonomy is regarded in a liberal sense, forming the basis of a broad range of political, legal, human and civil rights. These have been put in place to protect individuals from coercive interference from external authority or power. Autonomy conceptualised in this way is related to important values in Western culture such as independence, self-determination and rights, and acts as a means of opposing tyranny, oppression and even the well intended beneficence of care workers. It is also regarded as a very valuable personal attribute, which when exercised increases control and ownership over our own lives, therefore contributing to and enhancing our self-esteem (Young, 1982; cited in Christman, 1988). This liberal view of autonomy also acts to generate solutions for problems concerning decision-making. Thus, on this basis autonomy has been defined with the ideals of an individual as rational and competent, as independent agents and decision makers (Agich, 1993). However, this could be considered a potentially limiting construction of autonomy which closes off opportunities for empowerment whereas alternative resources may be mobilised to empower individuals with learning disabilities. For instance Ferguson (1987) noted ‘[T]hat struggle might be eased if...we talked less of

“independent living” and more of “interdependent living” (p. 56). He therefore argued that a conception of empowerment based on ‘interdependence’ which is achieved through one’s social interactions with others could be more conducive to empowering individuals with more severe learning disabilities.

### 2.3.2 Empowerment

Empowerment is another concept which is frequently encountered in discourses in the learning disability literature. According to the Oxford Dictionary of English (2003), ‘empowerment’ or its verb ‘empower’ is defined in the following way,

**‘empower ► verb** [with obj. and infinitive] give (someone) the authority or power to do something: *members are empowered to audit the accounts of limited companies.*

■ [with obj.] make (someone) stronger and more confident, especially in controlling their life and claiming their rights: *movements to empower the poor.*

-DERIVATIVES **empowerment** noun’ (p. 570).

Many of the studies cited in this chapter and indeed throughout this thesis could be said to be embedded in notions of empowerment as described by the Oxford Dictionary’s definition of ‘make[ing] (someone) stronger and more confident, especially in controlling their life.’ Within the field of learning disabilities, one of the ways in which empowerment is believed to be implicated in enabling people to gain control and to improving their quality of life is through the use of self help strategies. Indeed, as will be seen in later discussions and in chapter 4 which examines staff talk about increasing choices and control, this is also the site for many dilemmas in empowering people with learning disabilities. One of the main differences between autonomy and empowerment is that the latter is something that staff and people with learning disabilities ‘do’ to promote empowerment. Therefore, to a large extent empowerment could be said to overlap with the concept of autonomy. For example, Ramcharan and Borland (1997) suggested that like autonomy, it could also be used as a means of curtailing oppression. Moreover it could act to enable full utilisation of citizenship rights by maximising autonomy to achieve at least a minimum standard of well-being. Ramcharan and Borland (1997) added that the way in which service-users with learning disabilities are disempowered has been made clear by current literature (see e.g. Antaki, 2001; Antaki et al., 2002; Jingree et al., 2006; Marková,

1991; Rapley and Antaki., 1996; Rapley, Kiernan and Antaki, 1998., Rapley, 2004., Wilcox, Finlay, & Edmonds, 2006).

However they also argued that simply overcoming the various single examples of disempowerment would not in themselves conquer the sense of disempowerment experienced by many people with learning disabilities. In their book 'Empowerment in Everyday Life,' it was noted that the examination of meanings and practices associated with empowerment are scarce. Therefore, their book attempted to amalgamate a number of different discourses related to the concept of empowerment. For example, Souza (with Ramcharan, 1997) described how as an individual with Downs Syndrome, she has fought for her independence to be recognised. Given the diversity of individuals labelled as learning disabled, Walmsley and Downer (1997) talked about the issues associated with identifying with a collective learning disabled identity within the self advocacy movement. They noted that even within the self-advocacy movement, power-relations exist in that white, male individuals labelled as having 'mild learning disabilities' were more likely to get their views heard. Therefore, it would seem that the meaning of empowerment in terms of practices and experiences of people with learning disabilities differs according to the social position from which one speaks. Moreover, the significance of empowerment to a service-user with learning disabilities differs from that of care professionals, writers in policy-related fields or researchers. This can be seen in Dowson's (1997) account about empowerment within services where it was suggested that the use of the word empowerment comprises of an action taken by those who hold power whilst the recipient remains passive. Conversely, from the position of people with learning disabilities, empowerment can be seen in the self advocacy movement whereby individuals speak or act for themselves and stand up for their rights (Goodley, 2000).

### **2.3.3. Choice and Control**

According to Agich (1993) the notion of autonomy is associated with the concept of personal preference, which focuses the discussion on choice and decision-making. Having control over one's life is the value which drives society and is the value which the Government hope will be the driving force behind how social care will be provided (Department of Health, 2005). Indeed as mentioned in section 2.2, increasing choice is the way in which the Government hope to achieve their four

principles (Cumella, 2008; Department of Health, 2001; 2009). Choice has been described as playing an important role in a good and valued lifestyle (Cullen, 1999). Similarly Agich argued that choice (attending to ones wishes, desires and impulses) is regarded as of significant value to the ethical analysis of human action. However, he suggested that the importance attached to choice makes it difficult to question when certain desires may not be considered in one's best interests. Therefore, attention to one's preferences 'renders the question of the good of the objects of choice irrelevant' (Agich, 1993; p.9). In other words, by placing emphasis on *having* choice, questions about whether or not the choices made are best for the individual concerned become irrelevant. Choice conceptualised in this manner may raise ethical concerns when working within the care sector as great importance is placed on ensuring the well-being of service-users. Indeed, as Gilbert (2003) and Gilbert et al (2005) note, though citizenship discourses which emphasise equality of opportunity and choice may make more empowering subject positions available to people with learning disabilities, contradictory discourses of risk may also be invoked which subject individuals with learning disabilities to particular kinds of surveillance and scrutiny.

Choice is only perceived as a choice when an individual is able to select from at least two available alternatives, either of which would enable the actualisation of chosen goals. In this way it can be seen that choice corresponds with autonomy and empowerment in that both concern knowledge of one's own interest and plans. However, Cullen (1999) argued that real choice does not simply correspond to the availability of alternatives. Within learning disability services in particular, choice is also determined by other parameters such as the implications attached to each available alternative. Concern over the implications of certain options may stem from a preoccupation with the competence and capacity of people with learning disabilities to make decisions. In relation to this, Jenkinson (1993) found that certain theoretical models of decision making placed significant importance on a person's competence when deciding if they had the capacity for decision making. However, she also acknowledged that the question of capacity for decision making in people with learning disabilities is a controversial issue. She reported that historically learning disabilities included impairments to qualities considered imperative for decision making, such as cognition, discretion, social competence and understanding of one's own self- interest. As discussed in section 2.3.1, these qualities are also central to

the notion of autonomy. She argued that since autonomy in decision making is often limited for people with learning disabilities on the basis of lack of competence, the theoretical framework on which decision-making is based, which focuses on the capacity of the individuals concerned, was irrelevant to giving choices to people with learning disabilities. Furthermore she noted that control, another value championed by Government documents, is exercised by the ability choose and actualise goals. Therefore, individuals are able to increase the control over their lives by making choices that contribute to a life plan. However, after reviewing certain studies about decision-making opportunities (for example, Fishoff, Slavic and Lichenstein, 1980; West and Parent, 1992) Jenkinson concluded that support workers have generally negative perceptions about the competence of people with learning disabilities to make decisions. This impacts on the extent to which they are allowed to actualise their goals through having choices. To overcome such difficulties she suggested arranging environments to enable individuals to have a maximum control over their choices, to ensure that choice options are clear and to increase individual's awareness of the different choice options available.

#### **2.3.4. Promoting Autonomy, Empowerment and Choice**

Like Jenkinson (1993), several other researchers have suggested ways in which more opportunities to increase independence could be made available for people with learning disabilities. Dowson (1997) proposed three broad strategies for the empowerment of people with learning disabilities. The first strategy involved moving people with learning disabilities out of institutional care. The second recommendation involved importing ordinary life into the service sphere, for example in the form of citizen advocates. The third suggestion was to reform the operation of the service system, for example by implementing new procedures such as user consultation and putting service-users at the centre of assessing for needs. I shall only focus on the first of these strategies in this section. Very little literature is available about Dowson's second strategy. However, much research focuses on user involvement (associated with Dowson's third strategy) and these shall be reviewed in section 2.3.4.1.

The first strategy forms part of the reasoning behind deinstitutionalisation and care in the community and is informed by citizenship style discourses of which Gilbert et al (2005) wrote:

‘The discourse of normalisation (Wolfenberger, 1989), which underpinned the move from institutions (Brown and Smith, 1992), has been transformed into a discourse of citizenship with people with learning disabilities now managed within specialised spaces in the community which remain supervised by professionals (Rose, 1999)’ (Gilbert et al, 2005, p. 293).

In terms of this strategy, Dowson (1997), like researchers such as Hatton et al (2004), Stancliffe (1997), Stancliffe and Abery (1997) Wehmeyer and Bolding (2001), acknowledged that significant improvements and progress had been made. For example, Wehmeyer and Bolding (2001) found that after individuals moved from a more restrictive environment to a community based setting, there was a significant increase in participants’ self-determination, autonomous functioning and opportunities for choice. Stancliffe and Abery (1997) also reported that deinstitutionalisation significantly increased choices for individuals with learning disabilities. However, these latter researchers noted that relocation itself was not sufficient to bring about changes to the level of control service-users had over their lives. Indeed, Dowson (1997) argued that the next development was to completely remove individuals from the confines of services and to extend to them the same rights and choices enjoyed by other citizens. Here, however, he argued that progress had stopped. Dowson described a case involving a service that was mindful of the effect of a centralised management approach on limiting the autonomy of its service-users. In an effort to counter this form of disempowerment, various small scale residential services were set up in which the management played a minimal role. Service-users were divided into small groups and appointed with small staff groups who were specifically required to serve each group of residents in semi-autonomous accommodation. It was found that control was successfully removed from senior management. However, instead of being transferred to the service-users, it had become displaced onto the staff group who came to see the accommodation as their own home. Therefore, their values and preferences began to dominate whilst once again those of the service-users were neglected.

Earlier in this section I described how efforts to move people with learning disabilities into the community are informed by citizenship style discourses described by Gilbert et al (2005). These make certain new identities available to service-users, for example as citizens and tenants. According to Gilbert (2003), implicitly associated with these new identities is the construction of private space, of which service-users (or tenants) have ownership. Service-workers are expected to respect this change in positioning and ownership. However, in this case described by Dowson, the detrimental aspects of institutional culture such as the disempowerment of service-users, which the Government are struggling to reverse, had transferred and were continuing to persist within services in the community (Dowson, 1997). Schwartz and Armony-Sivan (2001) similarly noted that even good services for people with learning disabilities have difficulties in progressing beyond community presence to community participation. Even though people with learning disabilities are more observable in the community, their participation in community life remains alongside other citizens rather than with them (Dowson, 1997). Public attitudes contribute greatly to the successful integration of people with learning disabilities into the community. These attitudes can influence the extent to which learning disabled individuals are accepted and what services are made available to them (Schwartz and Armony-Sivan, 2001). Therefore, it could be that full participation within the community and the offering of more opportunities within services continues to be obstructed by perceptions of people with learning disabilities as deficient and incapable.

#### **2.3.4.1 Studies Examining the Promotion of User Involvement**

Many studies have been conducted which examine how service-users have been formally involved in the development and improvement of services (this is related to the third strategy of empowerment through user involvement proposed by Dowson). Some have also examined interactions between service-users and staff in formal contexts whereby service-users are offered the opportunity to express their preferences. Several of these studies suggest that there are problems in implementing user-consultation which are attributed to certain power relations between service-users and health professionals (e.g. Antaki, 2001; Antaki et al., 2002; Antaki et al., 2006; Antaki et al., 2007; Finlay et al., 2007; 2008a; 2008b; Jingree et al., 2006; Marková, 1991; Rapley and Antaki., 1996).



The following two studies for example, illustrate how the actions of staff may be implicated in the continued disempowerment of people with learning disabilities. Using conversation analysis, Antaki et al (2002) examined interviews carried out by service staff which were designed to assess the satisfaction of service-users with learning disabilities regarding the residential services they received. Rather than maintaining an impartial detachment, staff were observed offering evaluative feedback on interviewee responses, suggesting advice on the basis of interviewees' answers, rejecting potentially valid answers, suggesting more elaborate accounts to the interviewee than they had offered themselves, and reworking their responses. The latter included upgrading neutral or mildly positive statements or offering neutral or even positive reformulations of possible complaints. It was suggested that these practices could have occurred as a result of the interviewer intending to treat the recipient of care supportively and, therefore, being more inclined to acknowledge their general duty of care to the service-user rather than their immediate task of evaluating that care. Similarly, another study by Jingree, Finlay and Antaki (2006) examined power relations in verbal interactions between care staff and clients with learning disabilities in Residents' Meeting conducted for the purpose of empowering service-users within a group home. It was found that non-neutral practices such as guiding clients with prompts were used by the staff throughout the interaction, which undermined what the meeting set out to achieve. Some of the consequences of these practices included ignoring resident dissatisfaction and ignoring expressed preferences. The authors proposed that the asymmetry in power arose because staffs' role as providers of care conflicted with their role of empowering service users (for another example see Antaki et al., 2006 described in section 2.4 and Antaki et al., 2007).

These problems associated with the promotion of user involvement have also been found in other areas such as within mental health services. For example, Hodge, (2005) reported that one problem associated with service-user involvement was that real structural problems were overlooked whilst the voices of service-users remained unheeded. Though this study is about user involvement in a mental health service rather than a learning disability service, its use of a social constructionist method to analyse power relations within a social care service is particularly relevant to the

current literature review. Indeed, Hodge makes several important points which are particularly applicable to the current discussion. For example, she noted that service-led user involvement initiatives had thus far not been overly successful in how they had been executed in that service-users continued to be involved in an impromptu manner. A case study was conducted examining institutional power relations between service-users and officials in a mental health forum. In order to reverse the imbalance of power between service-users and officials the chair of the forum is always a service-user. Despite this, however, it was found that considerable power rested with certain officials and two workers who performed significant roles in managing meetings and carrying out actions agreed in the forum. Although the forum functioned as a location through which service-users could have their voices heard, the analysis revealed that their opinions were not taken into account if they conflicted with those of the officials. Moreover, certain officials were also observed taking on a policing role within the forum, using the authority associated with being the chair themselves and translating service-user views in a manner that did not pose a challenge to the system's authority. Hodge concluded that the power dynamics observed in the forum reflected those in operation in the wider mental health system. Furthermore the ability to exercise such power was believed to be inextricably linked to institutional power relations. This highlights many overlaps with the studies described above about service-user consultation in learning disability services (e.g. Antaki et al, 2002; Jingree et al, 2006).

#### **2.3.4.2 Dilemmas in Promoting Autonomy, Choices and Control**

There are also many dilemmas associated with increasing service-user autonomy, choices and control. For example, although it has been noted that people with learning disabilities continue to be placed in a submissive position by the manner in which they are required to comply and fit into existing services, routines and curricula (Thompson, 2003; Department of Health, 2005), it may be that such circumstances have arisen as a by-product of services managing other important concerns. It has been argued that freedom may be compromised by what is perceived to be in service-users' best interests (Goffman, 1961; Thompson, 2003). For example Jenkinson (1993) reported that personal liberty may hinder the acquisition of certain skills that are crucial for other institutional goals such as independence and normalisation. Consequently autonomy may be restricted by limiting service-user input into

treatment goals and procedures and teaching behaviours which are in the interests of family and advocates whilst overlooking service-user wishes. Moreover, she added that risk also played a role in the extent to which people with learning disabilities were allowed to take control over their lives. The element of risk was often used as a reason justifying why service-users were discouraged from making certain decisions. Accordingly in the Green Paper 'Independence, well-being and choice' (Department of Health, 2005), which advocated the principle of increasing control to be the driving force behind adult social care, it was stressed that 'social care retains a responsibility for the protection of individuals and we do not want to weaken the framework of protection that currently exists' (p. 28). Therefore it would seem that even within policy documents, goals of increasing client choice and control are presented in unison with care obligations that ensure the continued protection of clients but at the same time risk smothering the autonomy of service-users. Indeed as noted under section 2.3.3 about choice and control, the citizenship discourses which open up opportunities for increasing choice and equality for people with learning disabilities simultaneously give occasion for the invocation of discourses of risk which place service-users under scrutiny and surveillance (Gilbert, 2003 and Gilbert et al, 2005).

The studies by Antaki et al (2002) and Jingree (2006) described in section 2.3.4.1 imply that despite the best intentions of senior management and care officials, the empowerment of people with learning disabilities could continue to be hampered by other institutional agendas. Indeed, Dowson (1997) contended that the notion of empowerment for people with learning disabilities within services was a delusion. He suggested that empowerment should be a value rooted in the belief that people with learning disabilities are the same as other people. However, he expressed doubt that local authority care managers genuinely reflect the wishes of service-users as their loyalties also lie with their employers. Therefore, care managers are required to be mindful of other factors such as the shortage of funding when assessing their client needs. For people with learning disabilities, ordinary life comprises of an existence dominated by social services. Ordinary life as experienced by other citizens outside of social services continues to be an existence from which people with learning disabilities are excluded. Although exclusion may be less observable now that services have changed and are located in the community, people with learning disabilities continue to experience a reality of confinement. 'The new pattern of

services may be regarded as the dispersed institution. The campus has been broken up, but not the institution itself' (Dowson, 1997; p.102). As noted in 'Valuing people Now' (Department of Health, 2009) it may be that such a situation persists because people with learning disabilities continue to be constructed as incapable and this restricts the amount of personal growth and self determination of the individuals concerned.

In this final section of my literature review, I shall describe two different models of disability: the individual, medical model of disability and the social model of disability. The individual model of disability is presented as a contrast to the social model, which, Corker and French (1999) described as 'a groundbreaking concept, and one which has provided tremendous political impetus for disabled people' (p. 2). In this review, I shall not only describe both models, but also identify ways in which they could be applied to academic understandings of empowering/disempowering individuals with learning disabilities. The social model has been taken up by several discourse and conversation analytic researchers and used as a means of providing recommendations to services about how service-users may be empowered (see e.g. Finlay, Antaki and Walton, 2008b).

## **2.4 Models of Disability**

The way in which learning disabilities has been associated with characteristics such as lack of capacity, understanding, responsibility and social competence (as described by Bogdan and Taylor, 1994 in their autobiographical accounts of the lives of individuals with learning disabilities) reflects dominant understandings of disability which are situated within the individual model of disability (Goodley, 2000). These understandings of disability could be said to be constructed and reproduced through invocations of discourses such as the individual pathology discourse (Wilcox et al, 2006), which attributes pathology to biological differences and situates it as internal, within individuals with impairments. Such an understanding of disability can be traced back to Social Darwinism, where emphasis is placed on the medicalisation of disability and where pathology is associated with impairment (Stainton, 2000). Impairment, as understood through dominant, medical, individualising discourses, is believed to create disability, thus transforming the two into inseparable concepts. As a result, impaired thought translates into the myriad of disabilities described above

such as lack of social competence, understanding and capacity. Consequently, people with learning disabilities are not regarded as autonomous but are afforded subject positions of incomplete individuals, whose personal tragedy makes them the recipients of professional intervention. Subsequently, as described by Government documents, a culture of dependence is created and can be seen to be reinforced by the way in which individuals are understood by these dominant discourses of deficit. Accordingly Goodley (2000) argued that the empowerment of people with learning disabilities is incongruent with understandings of disability that assume inability.

The way in which individuals with learning disabilities may be defined by deficit impacts on staff practice and service delivery. For example, service-users may be seen as more at risk when crossing the road because of being constructed as lacking competence, which, in turn affects the way in which carers choose to support service-users, focussing more on protecting service-users from risk and privileging this over facilitating independence (e.g. see Jenkinson, 1993 as described in section 2.3.4.2). Consequently an imbalance of power is created within the service environment between care professionals and service-users.

In contrast to the individual model, problems experienced by individuals could be associated with deficiencies within the environment. This conception of disability pertains to the social model of disability (Oliver, 1983; cited in Oliver, 1996), where impairment and disability are perceived as two separate entities. According to this social model, impairment is defined as 'lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body (Oliver, 1996, p.22),' whilst, disability is defined as 'the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities' (Oliver, 1996, p. 22). Here, impairment is perceived as some form of defect located in the body, whilst disability is seen as the restrictions experienced by an individual as a result of certain obstacles in society which emerge because of the way in which impairments are perceived. According to Wilcox et al (2006) the social model is said to be constituted by discourses such as the 'context discourse,' which constructs pathological behaviour as triggered by external, environmental stimuli rather than internal pathology. Therefore, people with learning disabilities are not

disempowered by their impairments, but their social environments. This is a contrast to the individual model where the disability itself and its associated disempowerment is located as being within the impaired individual. Therefore, the social model is more compatible with the notion of the empowerment of people with disabilities because disability is located in the social realm (for example it is constructed in interactions with others) rather than in the internal, biological realm (Goodley, 2000).

The way in which constructions of disability constituted through individual pathology discourses restrict the activity of persons with disabilities is exemplified by the following account. In his description of total institutions, Goffman (1961) discussed how entry into an institution provided staff with evidence that the inmate was the type of person that the institution was set up to handle. Thus if one entered a prison as an inmate one would be regarded as and treated as a lawbreaker. Similarly, on entry into an asylum, one would be treated as sick and all behaviours would be used as evidence of a mental disorder. Goffman explained how such automatic identification was not a matter of name-calling but a basic means of social control. Such conditions of control have also been observed through the institutionalisation of people with learning disabilities. In Peter's (2000) Foucauldian examination of a single case file of an individual with learning disabilities, he suggested that power was not a repressive force but a form of knowledge production about others. Through this knowledge individuals could be classified and controlled. He believed that disciplinary power 'makes,' (Peter, 2000, p. 356) individuals so that they can be controlled. This form of power could be seen in schools, hospitals and institutions for prisoners or individuals labelled as insane as well as in institutions for learning disabled individuals. Therefore, it would seem that the way in which service-users are constructed through dominant medical and individual pathology discourses may have an influence on the extent to which rights and dignities are afforded to them.

An example of this is given by Bogdan and Taylor (1994) who provide autobiographical accounts of the lives of two individuals with learning disabilities who were institutionalised and lost many of their human rights as a consequence of being labelled 'mentally retarded.' One of the individuals, who is given the pseudonym 'Patti Burt' gives the following account of her experience on being admitted into an institution,

'I stayed on the ward where I was showered for six weeks. It was the admission ward. Right after the shower they put me in this long gown. It was plain white and it tied in the back. No slippers, or socks, or anything. Then they put me in a crib kind of a bed that had sides on it. It was all white and it was on wheels. There were bars on the sides. They also put me in diapers for a couple of days. I don't know why. I guess that is one of the things they do. I didn't try to tell them I didn't need them. I just let them do it because I knew they weren't going to listen to me anyways. I felt that was just part of being admitted. They came round at night and changed me. That was embarrassing. I can't stand it. They also gave me a bottle with ground food in it. I had to suck out of that for a few days. They wouldn't let me eat off a plate...They put me in a high chair and they tied a bib around me. They made me feel just like a baby. I really did. A bib, diapers, and a bottle at night, and I was ten years old. That's pretty bad. What I did was I messed in my food. I played with it and took the food out and played in it. I threw it. They came up to me and said, 'Did you eat your food like a good girl today?' I didn't say anything. I just started to cry because I was afraid of them from all the things they did before. They were rough with me. They snapped at you and pushed you. When they put me in the high chair it was like an instinct to act like a baby' (p. 114-115).

These constructions of people with learning disabilities pertaining to individual pathology discourses may have certain consequences for the extent to which their choices and control are facilitated. For example, Jenkinson (1993) suggested that the choices made available to service-users may be artificially pre-selected and restricted. This can be observed in a study by Antaki, et al (2006), which used conversation analysis to examine different facilitator styles about decision-making in service-user groups. Two contrasting facilitator styles were identified: the 'directive guidance' style and the 'short-circuit' style. In the former the facilitator took an initiating role in every step of the decision-making cycle. The latter style was described as being even more removed from the ideals of empowerment and self-advocacy, in that residents were not involved in what topics were raised for discussion and were given little opportunity to contribute to suggestions or the final decisions made. The authors suggested that both of these facilitator styles accorded with Goodley's (2000) discussion of the individual model of disability, where staff members were perceived as competent, whilst residents were treated as incompetent. Consequently service-users were given very little opportunity to contribute to discussion on their own terms. Therefore, constructions of individuals as defective had an undermining effect on the empowering aims of the group discussions. Another study by Finlay et al (2008b) also using conversation analysis, examined how non-verbal gestures often go unnoticed by support staff. As a result, these researchers suggested that had such efforts to communicate not been missed, staff would have had a more respectful understanding of the competency and identity of individuals they support with

learning disabilities. Individuals are disabled by the way in which their social environment is structured. However, by applying lessons learnt from research on the social model of disability, the authors recommended that meetings with such individuals needed to be structured differently so that non-verbal contributions could be more easily noticed, welcomed and taken-up.

## **2.5 An Alternative Discourse Analytic Approach**

In the previous chapter, this thesis was introduced as adopting a critical realist discourse analytic position and hopes to follow Wetherell and Potter's (1992) alternative social constructionist framework which assumes that,

'discourse is actively constitutive of both social and psychological processes. The psychological and social field-subjectivity, individuality, social groups and social categories-is constructed, defined and articulated through discourse' (Wetherell and Potter, 1992, p. 59).

Therefore, this thesis will focus on how language forms the building blocks to social reality (Wetherell, 2001) and is the primary site for negotiating meaning (Gillies, 2004). This thesis therefore takes a critical stance against a representational view of language. Indeed, what a realist model of language fails to do is to account for how certain discourses (identified as being empowering) may be used for disempowering means. For example, in Wetherell and Potter's (1992) analysis of racist talk in New Zealand, it was found that egalitarian discourses, which are arguably worlds apart from the traditional social psychological conception of racism, were used to protect white Pākehā New Zealanders' interests. As will be seen in the first study of this thesis, a similar use of increasing autonomy discourses, comparable with how autonomy is constructed in government policy and literature, is frequently mobilised in staff talk to undermine policies of increasing choices and control.

Further, based on their examination of racist talk, Wetherell and Potter (1992) argued that 'the multireferential nature of arguments and interpretative resources [should] be acknowledged' (p. 70). For example, they noted that some arguments (e.g. egalitarianism) may not only be used to challenge racism, but also be used to sustain racist practice (e.g. by justifying the exclusion of black groups from resources). They argued, therefore, that contrary to how racism has been researched in the past, racist



discourse should be seen as discourse of any content which produces, maintains and reinforces oppressive relations and has the effect of categorising and discriminating between certain groups. They also noted that though some discourses would constitute racist practices on every occasion, to concentrate on only these could result in a failure to notice other discourses, not obviously characteristic of racism, which may be flexibly used for racist means. They therefore argued that

‘there is a danger of being silenced when racist discourses continues to oppress but no longer meets the main characteristics of social scientific definitions of racism’ (p. 72).

In a similar manner to Wetherell and Potter (1992), I also acknowledge that discourses of any content may be advanced in any direction to justify either empowering or disempowering claims. In this way, I hope to examine how various discourses may be flexibly mobilised to achieve different outcomes. Indeed, as I shall demonstrate in the proceeding analysis, certain discourses identified in talk (for example increasing autonomy talk) serve a double function of both empowering and disempowering service-users, subject to the context in which they are used.

However, it must be made clear at this point that one of the ways in which my critical realist position departs from relativist social constructionism is by disagreeing with relativists’ reluctance to favour any claims of “truth.” It cannot be denied that a relativist, social constructionist position may be particularly pertinent when we consider the history of people with learning disabilities. For example, institutionalisation and segregation were once the preferred treatment of individuals with learning disabilities and this treatment stemmed from dominant scientific discourses on eugenics. Such a construction, though dominant in its time is now unacceptable. Consequently, by adopting such a strong, relativist position, we can argue that what may be treated as true or false now is likely to vary over time, which, suggests that there are dangers in treating certain accounts over others as more legitimate. Seductive as this position may be, however, Parker (1999) argues that there is a danger of extending relativist thought to the point where ‘different realities can never be rationally assessed and freedom of opinion is rendered equivalent to toleration of anything being said’ (p. 67). In contrast, the critical realist positioning of this thesis enables me to take a critical stance against the situation of disempowerment

of people with learning disabilities. What is more, this positioning allows an examination of how psychological facts are socially constructed within current social arrangements by exploring the underlying historical conditions that give rise to such psychological phenomena (Parker, 1999). Therefore, following Cromby and Nightingale (1997), instead of questioning the existence of the world as relativists would, 'we must acknowledge the situatedness of our texts within it' and 'forge a coherent, grounded, social constructionism that explains the world'... 'since only in this way might we contribute to its progressive transformation' (p. 10). Thus, this thesis will not only seek to identify discourses and examine how they are invoked in talk, it will also situate these discourses and the implications of them within the material context that produces them.

## **2.6. The current thesis and the research questions**

Research following a positivist tradition takes a representational view of language and focuses on obtaining knowledge about the world and its workings by identifying the causal relationships which operate within it (Taylor, 2001). Such research is committed to finding universal truths and research findings need to be rigorously evaluated in terms of their reliability, validity and replicability. Several such positivist studies using survey designs have reported that individuals with learning disabilities experience enhanced quality of life and increased opportunities for empowerment and self-determination if they re-locate to smaller community residences (Stancliffe, 1997; Stancliffe and Abery, 1997; Wehmeyer and Bolding, 2001) or live in less intensely staffed dwellings (Hatton et al, 2004; Stancliffe, 1997). These papers have, therefore, been useful in highlighting the advantages of fewer staff within smaller community dwellings rather than larger institutions. However, Potter and Wetherell argued that in the pursuit of obtaining rigorous findings, such research may be prone to using certain analytical procedures such as gross coding, restriction and selective reading (see chapter 3) which has the effect of obscuring the idiosyncratic and finer details of data. These idiosyncrasies and inconsistencies may be worthy of further investigation in their own right. Indeed, Government papers and other researchers (e.g. Department of Health 2001; 2005; 2009; Dowson, 1997) continue to report concerns that the situation of disempowerment persists for such individuals despite moves to re-locate service-users into smaller, more autonomous community dwellings. These reports throw the findings of researchers such as

Stancliffe (1997), Stancliffe and Abery (1997) and Wehmeyer and Bolding, (2001) into jeopardy and generates uncertainty regarding positivism's commitment to finding universal truths.

Realist papers have also examined how support staff may be reluctant to provide adequate or necessary care to individuals as a result of their commitment to policies of normalisation and empowerment (Crichton, 1998; Walmsley, 1999), whilst others have focused on how care staff manage the daily dilemmas associated with negotiating such conflicting roles within learning disability services (e.g. van Hooren, Widdershoven, van den Borne and Curffs, 2001). Again, these papers have been useful in identifying the daily predicaments faced by paid carers. However, such research may be insensitive to taking up and examining variable or inconsistent accounts and fail to examine the performative aspects of talk about increasing the autonomy of service-users with learning disability and the social actions such accounts are designed to perform.

Other, conversation analytic studies (Rapley & Antaki, 1996; Antaki, 2001; Antaki et al., 2002; Jingree et al., 2006) have avoided the disadvantage of 'broad brush coding schemes' (Finlay et al, 2008b) characteristic of positivist, representational studies, (which may, for example, treat any idiosyncrasies in data as a problematic obstacle to producing reliable results rather than a feature of researchable interest) by focusing, instead, on the turn by turn organisation of talk and speakers' interpretation of such talk as displayed by their orientation to the unfolding of conversation. These studies, several of which have been described in the review above, have highlighted the numerous ways in which people with learning disabilities continue to lack control over their lives. These social constructionist studies do focus on the performative role of language rather than treating language as a reflection of speakers' thoughts, feelings and beliefs and have been useful in demonstrating how mundane, ordinary interaction with individuals with learning disabilities can be the site in which much empowering or disempowering practice takes place. However, conversation analysis is primarily concerned with examining how such practice occurs within a local context, therefore, analysis is concentrated on the minute details and turns in talk. Conversation analysis also places great emphasis on the use of naturally occurring talk. For these two reasons, I have chosen, instead, to use discourse analysis to look

more closely at how people talk about empowerment, choices and control, rather than how they demonstrate it in their real, live interaction. (For a more detailed discussion about the difference between conversation analysis and discourse analysis see chapter 3). Indeed, no previous studies have sought to examine pluralistic accounts of empowerment, autonomy, choice and control for people with learning disabilities. It is, therefore, this gap which this PhD wishes to fill.

Chapter 4 will therefore examine staff talk about increasing the choices and control of service-users with learning disabilities. It hopes to answer the following questions:

- Which interpretative repertoires are drawn on by support workers when talking about empowering service-users with learning disabilities and increasing their choices and control?
- How do these interpretative repertoires allow speakers to negotiate between several conflicting agendas? In answering this question, I shall be particularly attentive to how speakers resolve ideological dilemmas (Billig, Condor, Edwards, Gane, Middleton and Radley, 1988) by the interpretative repertoires they draw on and the subject positions these repertoires make available.
- How is the learning disabled identity constructed by support workers when talking about increasing the choices and control of service-users?
- How do support workers position themselves when talking about empowering the service-users that they support?

Chapter 5 examines the talk of service-users with learning disabilities about the level of choice and control in their lives. It hopes to answer the following questions:

- Which interpretative repertoires are drawn on by service-users with learning disabilities when constructing their experience of choice and control in their lives?
- What functions are performed in talk by drawing on these interpretative repertoires?
- What identities are made available to service-users when invoking these interpretative repertoires?

- How do speakers orient to the implications of these identities, for example, when constituting a learning disabled identity?

Chapter 6 examines parent talk about their adult son or daughter in focus group discussions about increasing the autonomy, choices and control of individuals with learning disabilities. This study intended to answer the following questions:

- Which interpretative repertoires are invoked when talking about increasing the choices and control of their sons/daughters?
- How do parents construct their son's/daughter's identities when talking about increasing choices and control?
- How do parents negotiate their own identities and support worker/professional identities when talking about increasing the choices and control of their sons and daughters?

In answering all of these questions, I shall be particularly attentive to the variability in speaker accounts and the functions performed by drawing on different discourses to constitute identities such as the learning disabled identity in different ways. By adopting a critical realist position I also hope that the identification of interpretative repertoires and their functions in talk will allow me to speculate about power and the organisation of social relations in talk about people with learning disabilities. This position will also enable me to situate these discourses within their material, historical and social contexts and, therefore, to make significant arguments about empowering people with learning disabilities.

## **Chapter 3**

### **3.1 Introduction-A Turn to Discursive Approaches**

Since the 1980's there has been an emergence and interest in alternative theories and approaches within social psychological research. Some of these approaches have appeared under different names, for instance, discursive psychology, critical psychology, discourse analysis, post-structuralism and so on. All of these approaches fall under the umbrella of the social constructionist framework, which as Burr (2003) notes, is at the heart of many of the alternative and critical approaches within psychology and social psychology. It is not my intention to go into any detail about social constructionism here, although, in providing an account of discursive approaches we shall touch on many social constructionist ideas. (For a description of the discourse analytic position of this thesis within social constructionism see chapter 1). Instead I shall begin by briefly describing how these approaches have emerged in social psychology before detailing the specific approaches used in the analyses of this thesis.

Many advocates of discursive psychological methods (e.g. Edwards and Potter, 1992; Potter and Wetherell, 1987; Potter, 2003; Wetherell and Potter, 1992) associate the turn to language with growing unease about the use of positivist methods in social psychology. Indeed, in relation to social constructionism, Burr (2003) wrote,

'its cultural backdrop is postmodernism, but it has its own intellectual roots in earlier sociological writing and in the concerns of the crisis in social psychology' (p.15).

Edwards and Potter (1992) suggested that such a crisis is closely related to the way in which traditional psychology has attempted to mirror the natural sciences and the way in which Fisherian statistics have been adopted to make assumptions about causal relationships. In Potter and Wetherell's (1987) seminal book, 'Discourse and Social Psychology: Beyond Attitudes and Behaviour,' there is a comprehensive chapter on the foundations of discourse analysis and a critique of how traditional methods within social psychology has failed to account for the variable, functional

and constructive nature of language. In brief, when psychologists have traditionally dealt with language in terms of its meaning for speakers, two forms of analyses have commonly been adopted (Edwards and Potter, 1992). The first type is associated with Chomsky and treats talk with all its errors, repairs, pauses etcetera as too messy for study. Analysis therefore focuses instead on an idealised, abstract, grammatical organisation of talk, presumed to underlie the disordered realization of actual speech.

The second form of analysis whereby language is treated as a reflection of some inner psychological world of attitudes and beliefs involves the use of certain procedures which Potter and Wetherell (1987) called, 'restriction, gross coding and selective reading' (p.39). With restriction, participants are required to produce highly specified responses to experimental conditions. Therefore, rather than examining natural discourse, participants are required to select specific options offered by the experimenter. Gross categorisation techniques such as content analysis involve the outlining of categories and the coding of data into these categories for the purpose of hypotheses testing. These categories are then statistically manipulated to reveal causal processes. However, many interesting details of talk become obscured by summary statistics, revealing only a general picture. Selective reading enables the analyst to operate a 'commonsense "realistic" model of language' (Potter and Wetherell, 1987, p. 42). For example, if an analyst is examining interviews or texts, he/she may select data which *appears* to be significant. However, there is a danger here that he/she may select data that corresponds with his or her prior expectations. Though data in the form of transcribed talk may be also pre-selected in discourse analytic and conversation analytic studies, excerpts of these are usually presented in synchrony with any analysis, enabling readers to see and judge the quality of analysis for themselves. In quantitative studies, however, the link between the raw data and analysis is not commonly revealed. Therefore, all of these methods of abstraction are problematic in how they obscure the fine details of language. Indeed, the most troubling feature is the way in which such methods are based on a realistic model of language which treats any variability or inconsistencies in participant accounts as obstacles to the production of reliable research findings rather than interesting features of talk in themselves (Potter and Wetherell, 1987).

Within traditional psychology, linguistic material (for example from spoken responses from interviews) and textual material (such as written responses from questionnaires) have customarily and un-problematically been treated as neutral and transparent reflections of underlying psychological processes. However, the way in which language is treated as a representation of social and psychological reality is viewed critically by proponents of discursive approaches (Edwards and Potter, 1992) who adopt a sceptical view about the possibility of obtaining objective truth through efficient scientific methods. Instead, language in the form of discourses is treated as constructing social reality (Coyle, 2001). Therefore, rather than pre-supposing the existence of thoughts, intentions and cognitive structures, the discursive approaches examine how these subjects are categorised and negotiated in discourse itself (Potter, 2003). One of the areas (where language is treated as representing reality) which proponents of the discursive approaches have highlighted as problematic is in research on attitudes. Potter and Wetherell (1987) for example, noted that there could be much variability in the expressing of attitudes generated from forced choice attitude scales. Such variability is seen as an embarrassment in traditional attitude research as it points to the problem of conceptualising attitudes as inner stable cognitive entities (Wiggins and Potter, 2008). Instead, discursive approaches treat the *account* containing the expressed attitude as the focus of interest, examining ‘on what occasions is attitude x rather than attitude y espoused? How are these attitude accounts constructed? And what functions or purposes do they achieve?’ (Potter and Wetherell, 1987, p. 35). Language, therefore, is argued to construct different versions of the world. These different versions can be seen in how language varies and are the outcome of different activities being performed in talk. In addition, these different versions or constructions are built from a range of ‘pre-existing linguistic resources’ (Potter and Wetherell, 1987, p. 33) which may be actively selected or omitted from the account. Therefore, as well as seeking to understand how participants represent events with language, analysts from a discursive tradition examine the variability and situatedness of accounts and what functions are achieved in talk (Burr, 2003; Edwards and Potter, 1992).



There are many different forms of discursive analyses, all of which are based on different epistemological assumptions and, therefore, are limited by different constraints in their ability to answer certain social psychological questions. Wetherell (1998) distinguished between two main styles of discourse analysis; she differentiated between the ethnomethodological and conversation analytic traditions such as Edwards and Potter's (1992) fine grained analysis of the action orientation of talk, and analyses following a post-structuralist or Foucauldian tradition of power, discourse and subjectification (see e.g. Arribas-Ayllon and Walkerdine, 2008; Hall, 2001; and Willig, 2004). These distinctions have led to extensive epistemological debates, particularly between conversation analysts and discourse analysts (e.g. critical discourse analysts such as Teun van Dijk) which focus on what kinds of questions may be asked and answered by discourse analysts in order to advance social psychological knowledge (see e.g. Billig, 1999; Schegloff, 1997; Wetherell, 1998).

More specifically, the debates between Schegloff (1997), Wetherell (1998) and Billig (1999) have considered when discourse analysts could address questions based on political issues. Schegloff (1997), a conversation analyst, argued that before examining if and how an interaction could allow us to address any political concerns, we need first to understand what the conversational episode means to the participants involved as embodied in the fine details of its realisation. For a more detailed discussion of the concerns of conversation analysis see section 3.3 below. However, for the purposes of explicating this debate I shall mention here that the interest of conversation analysts lies in the specific, mundane details of conversational activities and their sequential contexts. The interest of discourse analysts, however, is located at a broader level which allows for a little more interpretative flexibility (Wooffitt, 2005) and the potential to make more global claims which address critical concerns.

In relation to the more global claims that could be addressed by discourse analysis, Schegloff (1997) argued that an examination of the mundane details of talk would produce a more complex understanding of the interactional episode which may indeed be at variance with the sweeping claims derived from a broader discourse analysis. Therefore, he asserted that it was more important to examine such critical

concerns *after* an analysis of what the conversational interaction meant for the participants involved. Without this focus he argued that ‘critical analysis [would] not “bind” to the data and risks ending up merely ideological’ (p. 183) and that ‘discourse is too often made subservient to contexts not of its participants’ making, but of its analysts’ insistence’ (p. 183). Billig (1999) counteracted Schegloff’s criticisms of critical discourse analyses by responding that conversation analysts also make ideological assumptions by assigning a ‘bedrock status’ (p.552) to natural conversation. By doing so, they convey a non-critical view of the world whereby members participate equally in shared systems of social order. Inequality, therefore, can be found in the exceptions to naturally occurring talk such as institutional talk and interviews. Thus, Billig (1999) argued, ‘traditional conversation analysis, far from being free of social presuppositions, carries them in the regular deployment of its foundational rhetoric. The warnings against being theoretical, and against using conventional sociological analyses, together with the prescription to keep to the data, can serve to protect these assumptions from analysis’ (p. 552).

Wetherell’s (1998) response to Schegloff took a slightly different tack. She acknowledged that for critical discourse analyses conversation analysis can offer a useful and technical discipline. Nonetheless, conversation analysis alone, as outlined by Schegloff, offers an incomplete scholarly analysis. Therefore, rather than this division between ‘critical’ and ‘non-critical’ discourse analysis, Wetherell (1998) called for a more synthetic approach which incorporates a range of influences similar to the discourse analyses outlined by Potter and Wetherell (1987) and Wetherell and Potter (1992). Therefore, Wetherell’s (1998) proposal for a discourse analytic framework included an ethnomethodological and conversation analytic tradition of a detailed examination of the occasioned and situated nature of subject positioning and accountability. However, to avoid a purely technical and potentially incomplete analysis, she argued that Laclau and Mouffe’s (1987) more inclusive, post-structuralist conception of discourses (described in section 3.2) provided an adequate grounding for analysis. Wetherell (1998) suggested that Schegloff’s (1997) recommendation for a conversation analytic framework was overly restricted in that conversation analysts ‘rarely raise their eyes from the next turn in the conversation, and, further, this is not an entire conversation or sizeable slice of social life but

usually a tiny fragment' (p. 402). I firmly concur with Wetherell's claim and suggest that the interactions that people enter into have histories whereby identities and events have been constructed on previous occasions and which, therefore, are not freshly constructed at every new episode of conversation. Indeed, Wetherell (1998) suggested that in analysing a piece of interaction, a more insightful analysis could be gained by examining the conversational and discursive history which makes the conversation possible and understands participant orientation to the conversational sequence to be constructed by more than what is made relevant in the previous turn in conversation. Therefore, an integration of the ethnomethodological, conversation analytic and post-structuralist approaches would provide a more rounded analytic framework. This integrated discourse analytic framework which Wetherell (1998) outlines and which was later called 'critical discursive psychology' (Edley, 2001), along with the frameworks described in Potter and Wetherell (1987) and Wetherell and Potter (1992) are the frameworks of analyses that have been adopted in the three empirical studies of this thesis. Therefore, in the following section a more detailed account of this will be given.

### **3.2 Discourse Analysis**

Despite the debates between discourse analysts and conversation analysts, several researchers, particularly those subscribing to a discursive psychology tradition (Edwards and Potter, 1992) or Wetherell's (1998) integrated approach acknowledge that conversation analysis 'is a prerequisite for producing high-class discourse analysis (Potter, 2003, p. 132). Indeed, Potter (2003) explained that human interaction is primarily conducted through conversation; therefore, an understanding of the general pragmatics of conversation (e.g. turn-taking, paired sequences) could illuminate many of the social psychological phenomena which discourse analysts are interested in. However, discursive psychology (Edwards and Potter, 1992) is not to be confused with Potter and Wetherell's (1987) discourse analysis or the critical discursive psychology produced from Wetherell's (1998) call for a more integrated approach, though it arguably can be traced to the former of these methods (Wiggins and Potter, 2008). One of the primary differences between Edwards and Potter's (1992) discursive psychology and the approach laid out in Potter and Wetherell's

(1987) seminal text is Potter and Wetherell's identification and examination of the discursive resources underlying and upholding interaction. These, as will be described in more detail below, are called interpretative repertoires. Another major divergence of discursive psychology from Potter and Wetherell's (1987) discourse analysis is the reduced use of interviews (Wiggins and Potter, 2008). Much of Potter and Wetherell's work on interpretative repertoires are based on data derived from open ended interviews. As their method and critical discursive psychology are the theoretical and methodological frameworks which have been adopted in this thesis, I have also seen fit to use interviews in my first two empirical studies (more justification for the use of interviews is given in the method sections of the individual studies).

Another discursive approach which is not to be confused with Edley (2001), Potter and Wetherell (1987), Wetherell and Potter (1992) and Wetherell's (1998) analytic frameworks is critical discourse analysis (see e.g. van Dijk, 1993). Critical discourse analysis (CDA) takes an explicit socio-political stance by supporting individuals or groups who experience dominance or inequality by aiming for change through critical understanding. CDA's main focus centres on the role of discourse in the reproduction and challenge of dominance. Analysis also questions what properties of interaction are implicated in the reproduction of dominance. CDA prefers to adopt a top down approach by concentrating on the elites and their discursive strategies for sustaining power relations (van Dijk, 1993). Another major difference between CDA and Edley (2001), Potter and Wetherell (1987), Wetherell and Potter (1992) and Wetherell's (1998) approaches are that CDA's understanding of inequalities is informed by social cognitions and social representations. Cognition therefore functions as a link between discourse and dominance (van Dijk, 1993). Though CDA's emancipatory goals fit the critical realist position of this thesis about increasing the autonomy of individuals with learning disabilities, its rejection of certain methodological procedures characteristic of conversation analysis, which would allow for checks to be made between analytic claims and how these are demonstrably relevant to participants (Wooffitt, 2005) risks a more abstract or unfounded analysis (Wetherell, 1998).

Wetherell (1998) developed her integrated approach of combining conversation analysis with post structuralism by incorporating work on variability and interpretative repertoires (Potter and Wetherell, 1987) and ideological dilemmas (Billig, Condor, Edwards, Gane, Middleton and Radley, 1988). I shall return to these concepts later but first it is important to note that this more refined and integrated analytic framework was complemented by the post-structuralist writings of Laclau and Mouffe (1987).<sup>1</sup> Laclau and Mouffe (1987) conceptualised social life as discursive. They defined discourse as a totality of linguistic and extra-linguistic elements and provided the following analogy as an explanation:

‘Let us suppose that I am building a brick wall with another bricklayer. At a certain moment I ask my workmate to pass me a brick and then I add it to the wall. The first act-asking for the brick-is linguistic; the second-adding the brick to the wall-is extralinguistic. Do I exhaust the *reality* of both acts by drawing the distinction between them in terms of the linguistic/extralinguistic opposition? Evidently not, because, despite their differences in those terms, the two actions share something that allows them to be compared, namely the fact that they are both part of a total operation which is the building of the wall. So, then, how could we characterise this totality of which asking for a brick and positioning it are, both partial moments? Obviously, if this totality includes both linguistic and non-linguistic elements, it cannot itself be either linguistic or extralinguistic; it has to be prior to this distinction. This totality which includes within itself the linguistic and non-linguistic, is what we call *discourse*’ (Laclau and Mouffe, 1987, p. 80).

Therefore, for Laclau and Mouffe, it makes no sense to differentiate between the discursive and the extra-discursive or between talk and the world (Wetherell, 1998). Humans socially construct their world and through this construction, ‘they give to a thing *its being*’ (Laclau and Mouffe, p. 84). In this way, both the linguistic (‘pass me a brick’) and extralinguistic (‘I add it to the wall’) activities secure their meaning in relation to each other and through what is socially constructed and recognised as building a brick wall. Therefore, the meaning of actions is derived from their discursive configuration. Similarly, natural facts from physics, biology or astronomy are also conceived as discursive facts. These facts of nature do not have an ontological existence but have been conceived as natural through a classificatory

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<sup>1</sup> The writing of Laclau and Mouffe (1987) is described here merely as an influence on Wetherell and Potter (1992) and Wetherell’s (1998) discourse analytic method. It does not fit, however, with the critical realist leaning of this thesis, of which Cromby and Nightingale (1999) argued, ‘Social constructions are all around us and include such diverse features as racism, marriages and marriage guidance, Government policies, governments themselves, child abuse, crime, disease, psychology including social constructionist psychology, buildings, people and cities (to name but a few). *None of these things are any less real for being socially constructed* although the dominance of the processes of the construction, as compared to other influences, may vary from one to the other (p. 9).

system. They are, therefore, the product of a complex historical and social construction. Wetherell and Potter (1992) took this further by explaining that the notion of construction touches upon the referential characteristics of language, therefore, any term of reference conceivably constructs an object. Consequently, speakers are more concerned with the objects invoked rather than the words. Thus, as discourse analysts, interest lies in how discourses, or what Potter and Wetherell (1987) call interpretative repertoires may be drawn on to construct certain versions of events, and, how these may be worked up as the *real* version of events.

### **3.2.1 Interpretative Repertoires**

Potter and Wetherell (1987) developed their notion of interpretative repertoires from the work of Gilbert and Mulkay (1984). They defined these as

‘recurrently used systems of terms used for characterising and evaluating actions, events and other phenomena. A repertoire...is constituted through a limited range of terms used in particular stylistic and grammatical constructions. Often a repertoire will be organised around specific metaphors and figures of speech (tropes) (Potter and Wetherell, 1987, p. 149).

Edley (2001) described interpretative repertoires as ‘the building blocks of conversation’ (p. 198), forming the basis of a community’s common sense and shared social understanding whereby conversations are constructed from a mélange of quotations from different interpretative repertoires. Potter (2003) described them as having an “‘off the shelf” (p. 131) character’ which can be advanced in different contexts to pull off different activities. In addition to identifying these repertoires in data, it is also important to determine their functions and the problems which they may produce in talk (Potter and Wetherell, 1987).

The concept of interpretative repertoires is often used interchangeably with discourses. However, though Edley (2001) suggested that the two concepts are virtually synonymous, there are some differences. Interpretative repertoires were developed from the post-structuralist concept of discourses and both share the idea that there are distinctive ways or systems of talking about objects and events in the world. The main difference is associated with the methodological position of the

discourse analysis. Discourses are often coupled with analyses adopting a more Foucauldian position, whilst interpretative repertoires allow speakers more rhetorical opportunities and human agency in the flexible deployment of language.

### **3.2.2 Subject Positions**

From Laclau and Mouffe's (1987) post-structuralist writings, Wetherell and Potter (1992) and Wetherell (1998) also developed their discussion of subject positions. For these researchers, identity is constituted through interpretative repertoires which make available the subject position through which identity is produced. Therefore, some accounts of the self are more available than others. What is more, Wetherell (2006) suggested that identity could be explored as 'patterned everyday methods, as practices' (p. 70) which can be identified as routines or methodological practices that are invoked flexibly in situ to accomplish activities in talk. Wetherell (2006) described these routines as 'psycho-discursive practices' (p. 70) 'that people know how to do in talk, making meaning as they go' (p. 71). This conceptualisation of identity and subject positioning has been used in all three empirical studies to examine how identities (e.g. the learning disabled identity, support worker identity and parent identity) are constructed and ascribed to others.

### **3.2.3 Variability**

Potter and Wetherell (1987) and Wetherell and Potter, (1992) argued that people use language to perform certain activities, such as, justifying, rationalizing, categorising, naming, blaming, attributing, making sense and identifying. Because talk is orientated to so many different functions, it has been found to vary significantly. Potter and Wetherell (1987) offer the following example. If one were to describe a person to their parents or a close friend, the description given to parents would be different to the one given to the friend. One may not, for example, emphasise the person's delinquent behaviour to their parents. Therefore, a different version of events is constructed from pre-existing linguistic resources and that version may vary depending on the function which it is performing. These versions are actively constituted through the selection of certain resources over others. Their variable constructions are not intentional but are produced as speakers engage in sense making or in social activities such as blaming or justifying. This is different from the

realistic model of language whereby language is treated as reflecting actions and beliefs (see introduction to this chapter). Therefore Potter and Wetherell argued that discourse should be a topic of study in its own right, whereby the analyst focuses on the flexible ways in which language is used. In this thesis, discourse has been taken as the primary topic of enquiry in all three studies. In particular I have attempted to examine whether different versions of events and identities are constructed by speakers, and if so, how have these been constructed. In examining how these different versions are constructed, I have tried to identify some of the different discourses that are being drawn on and examined what functions they perform in talk.

### **3.2.4 Ideological Dilemmas**

In their analysis of racist talk of Pākehā New Zealanders, Wetherell and Potter (1992) also drew extensively from the work of Billig et al (1988) on ideological dilemmas. Billig et al (1988) argued that common sense contains contrary themes and is, therefore, dilemmatic in nature. These contrary themes, in the form of words, evaluations and maxims are not just social dilemmas but are the very stuff of social thinking, without which there would be no means to deliberate over dilemmas or to understand how opposing values come into collision. Billig et al argued that these contrary themes not only provide the seeds for argument, but also the seeds for thought itself. Therefore, arguing and thinking are conceptualised as being closely linked and provide the means by which people are able to deliberate over matters.

In conceptualising ideological dilemmas, Billig et al (1988) drew a distinction between intellectual ideologies' and 'lived ideologies.' Intellectual ideology is, 'a system of political, religious or philosophical thinking and, as such, is very much the product of intellectuals or professional thinkers' (p.27). In contrast, lived ideology is said to be composed of 'the beliefs, values and practices of a given society or culture' (Edley, 2001, p.203). Therefore it could be conceptualised as the common sense of a society. It is generally assumed that intellectual ideology is non-dilemmatic in nature, and this is said to diffuse into lived ideology in a consistent, coherent and fixed manner. However, Billig et al questioned this assumption, stating



that lived ideology contains many competing arguments and is therefore characterised by inconsistency and contradiction. Such oppositions, represented for example by maxims such as, ‘too many cooks spoil the broth,’ versus ‘many hands make light work,’ generate deliberative and argumentative thinking. What is more, individuals may explicitly express the reasonableness of two conflicting elements of social belief simultaneously. Billig et al illustrated this by drawing on many topics such as teaching and learning, health and illness and prejudice and tolerance. Using prejudice and tolerance as an example, they demonstrated that speakers who support racist political parties would simultaneously invoke the enlightenment discourse, which appears to condemn the illogicality of racism.

Therefore, because ideological dilemmas are conceptualised as containing many tensions and contradictions, further arguments and deliberations are more likely to be generated rather than resolved (Edley, 2001). Wetherell and Potter (1992) were interested in adopting Billig et al’s (1988) conceptualisation of ideological dilemmas to examine the political arguments about land, language and affirmative action which were observable in the discourses of Pākehā New Zealanders. They noted that these arguments were difficult to resolve and deliberation could go in any direction. Of interest, however, was the way in which deliberation over such dilemmas seemed to produce a vast proportion of arguments sustaining racist practice rather than anti-racist practice. In the present thesis, I adopt Billig et al’s (1988) conception of ideological dilemmas in the first empirical study where I examine staff talk on increasing the choices and control of service-users with learning disabilities. This shall be adopted in a similar manner to Wetherell and Potter (1992). However, rather than examining racist talk, my interest lies in the paradox of increasing the autonomy of service-users whilst ensuring their health, safety and well-being. Therefore I hope to examine how staff deliberate over, argue about and manage the ideological dilemma of their conflicting agendas.

### **3.3 Conversation Analysis**

The studies in this thesis all use the discourse analytical framework outlined by Potter and Wetherell (1987), Wetherell and Potter (1992) and Wetherell (1998),

drawing particularly on Edley (2001) and Wetherell's (1998) critical discursive psychology which combines post-structuralist writings with ethnomethodology and conversation analysis. This is also the case with the third and final empirical study which seeks to examine the talk of parents on increasing the choices and control of their son/daughter with learning disabilities. However, in this study, rather than using interviews data was collected from focus group discussions. Therefore, there are many features in the talk which lend themselves to a more detailed conversational analysis than that outlined in Edley (2001) and Wetherell's (1998) approaches. Nonetheless, I should stress that the analysis of this third study is not by any means a traditional conversation analysis since I go beyond examining participant orientations to the text and make broader interpretations based on a discourse analytic framework. My reasons for this are outlined above. However, in the following section I shall briefly describe conversation analysis and explain why certain analytical features have been useful for the third study.

The intellectual roots of conversation analysis can be traced to the sociological tradition of ethnomethodology, which focuses on how individuals make sense of their everyday social world. Like other constructionist approaches it also focuses on how individuals *do* social order (Wilkinson and Kitzinger, 2008). Wooffitt (2001) described conversation analysis as a method of analysis for naturally occurring talk, whereby language is treated as the main location of social action. Indeed, Heritage (2001) described its concentration on ordinary conversation as the study of 'the institution *of* talk as an entity in its own right' (p. 54), whereby ordinary talk is conceived as more 'basic' and 'primordial' than other forms of talk such as institutional talk. For this reason, the data collected in this thesis would have been unsuited to a conversation analysis alone. However, it was felt that some of the features of talk observed in the focus group discussion warranted closer examination, which could be provided by supplementing the existing analytic framework with additional, more technical conversation analysis.

The main focus of conversation analysis is on the social organisation of activities conducted in talk, whereby sequential patterns of interactions are identified. These sequences are underpinned by the normative assumptions and expectations of

speakers and are analysed by examining the location of utterances in the turn-by-turn unfolding of interaction (Wooffitt, 2005). Each turn at talk is orientated to the activities performed in previous turns and is designed to set up a range of possible next turns. Utterances may be strategically employed to achieve a particular task at that point in the conversation (Hutchby and Wooffitt, 1998). Thus, each utterance has significant implications for the type of utterance which follows and in this way they come together and become identifiable sequences of conversational actions (Wooffitt, 2001; 2005). Of particular interest to conversation analysts are the interpretations that speakers themselves have in the turn-by-turn unfolding of conversation and, therefore, their understandings of what is going on in the here and now (Wooffitt, 2001; 2005). This understanding may or may not turn out to be what the speaker intended. Indeed, whether or not they are as anticipated is displayed in the next turn of the sequence and is known as 'next turn proof procedure' (Hutchby and Wooffitt, 1998, p.15). This procedure ensures that the analysis is grounded in the understanding and orientation of speaker's rather than the analyst's assumptions.

The way in which conversation analysts focus on: 1) the sequential organisation of talk 2) speakers' understandings of prior turns and 3) how speakers design their utterances to achieve certain tasks in future turns was of particular relevance to the analysis of the data in the third empirical study. As mentioned above, data from this study was collected from focus group discussions between parents talking about increasing the choices and control of their son/daughter with learning disabilities. On close inspection of the data, it was found that parents often produced turns which elicited consensual support from other parents in the group. Talk also sometimes overlapped between the speakers' turns, showing mutual agreement between the speakers. Both of these strategies seemed to be employed by parents as a means of constructing accounts as issues or problems of mutual concern, therefore increasing the convincingness and believability of accounts. A micro-analysis focussing on the turns of talk between the groups of speakers would have been beyond the remit of Edley (2001) and Wetherell's (1998) critical discursive psychology. Therefore, conversation analysis was particularly useful here.

### **3.4 Conclusion**

I began this chapter by briefly describing the discursive approaches and social psychology's turn to language. A more detailed account of discourse analysis was then outlined, in which I differentiated between various discursive methodological frameworks such as discursive psychology (Edwards and Potter, 1992) and critical discourse analysis (van Dijk, 1993) before making a case for Edley (2001), Potter and Wetherell (1987), Wetherell and Potter (1992) and Wetherell's (1998) integrated critical discursive psychology approach. I felt that this analytical framework would provide the most appropriate method for analysing the research questions detailed in the literature review. It would permit both a micro analysis of the local activities and contextual negotiations of identities as well as a broader macro analysis of the interpretative repertoires drawn on which 'serves as a back-cloth for the realization of locally managed positions in actual interaction' (Wetherell, 1998, p. 400-401). A micro analysis would therefore allow a close examination of how identities are constructed and negotiated by speakers and what identities are ascribed to others; whilst a macro analysis would be sensitive to how interpretative repertoires 'evoke for listeners the relevant context of argumentation-premises, claims and counter-claims' (Wetherell, 1998, p. 400-401). In addition, Edley (2001) and Wetherell's (1998) inclusion of Billig et al's (1988) ideological dilemmas would provide a useful approach for examining how staff negotiate and manage their conflicting agendas in the first study. Finally, in the third empirical study, the analysis will be supported with a light conversation analysis to closely examine the sequences of interaction between parents in focus group discussions and the conversational activities that such sequences make possible.

## **Chapter 4**

### **“You can’t do it...it’s theory rather than practice”: An examination of staff talk about empowering people with learning disabilities.**

#### **4.1.1 Introduction**

With increasing Government, professional and research interest concentrating on empowering people with learning disabilities, there has been a large quantity of research focussing on the following areas: moving away from oppressive institutionalised environments (Bogdan and Taylor, 1994; Goffman, 1961); capacity and rationality and how these are implicated in giving choice and control (Harris, 2003; Jenkinson, 1993); overcoming control from health and social care professionals (Dowson, 1997) and increasing opportunities for choice and control (Bogdan and Taylor, 1994; Dowson, 1997; Goodley, 2000). According to Finlay, and Antaki Walton (2008a) the increase in choice and control for people with learning disabilities are treated in policy documents as straightforward goals. However, they contend that goals of empowerment are difficult to implement in practice as they conflict with other agendas and values within the service as well as with how care staff strive to accomplish a high standard of work. Policy documents, therefore, minimise and overlook other concerns that care staff may have. Indeed, these practical dilemmas have been previously identified in several conversation analytic studies. For example, Antaki et al (2002), Antaki et al (2006) Antaki et al (2007) and Jingree et al (2006) have suggested that an imbalance in power relations between support workers and people with learning disabilities may be explained by carer responsibilities to support service-users through providing good quality care and protection.

However, very few studies have focused on this incompatibility of facilitating autonomy on the one hand, whilst providing care for people with learning disabilities, on the other. van Hooren et al (2002) conducted qualitative studies using data from unstructured interviews. In their study, they conducted in-depth interviews to explore how carers cope with the ethical dilemmas involved in managing obesity and providing choice to people with Prader Willi Syndrome (PWS). An initial analysis revealed that though none of the participants chose to leave choice entirely up to individuals with PWS, many of them considered the preferences of the person before

intervening. As a result of this finding, the authors concluded that interpreting the carers' conflict of roles as a dichotomy between autonomy and paternalism was too simplistic as they found that many carers and parents varied their approach. They, therefore, chose to analyse the data using a model of physician-patient relationships taken from the work of Emanuel and Emanuel (1992).

In Emanuel and Emanuel's (1992) study, four models of physician-patient relationship are described which expand on the dichotomy of autonomy and paternalism. These were paternalism, information, interpretation and deliberation. The paternalism model relates to the patient's ability to assent to decisions made by the physician that are considered best. This involves the physician taking on the role of guardian and encouraging the patient to agree to any interventions chosen for him. The informative model conceptualises patient autonomy as control over medical decision making, where the physician presents the patient with information of different medical alternatives and on this basis the patient selects an intervention. Autonomy is represented by the interpretive model as patient self-understanding, where the physician helps to clarify the patient's values and reformulate their goals and aspirations through a process of joint understanding. Through the deliberative model, the patient's values are not only clarified, but also developed and revised through moral discussion. Patient autonomy is therefore seen as moral self development, where empowerment is achieved by following unexamined preferences and considering different health values arising through discussion with the physician.

van Hooren et al's (2002) analysis using Emanuel and Emanuel's (1992) framework revealed that carers and parents rarely gave the person with PWS complete freedom of choice. Analysis revealed that there was often an overlap of models. Interviews often appeared to reflect Emmanuel and Emanuel's paternalistic model, although there were also instances observed within the paternalistic dialogue of the interpretive and deliberative models. Therefore, carers did not simply take on a paternalistic stance or give people with PWS complete autonomy. Conversely they were seen to encourage self-understanding and moral self development as conceptualised by the interpretive and deliberative models. The authors concluded that the notion of autonomy as complete freedom of choice, without any intervention would be inappropriate when considering care in people with learning disabilities.

These previous studies are useful in forming a backdrop of current understandings about the dilemmas in empowering service-users with learning disabilities. However, because they have been conducted from a positivist and realist stance they may be viewed critically by discourse analysts for their commitment to the production of coherence (see chapter 3 for a description of how positivist methods have traditionally suppressed variability). For example, van Hooren et al (2002) found that based on carer reports, they were unable to clearly categorise carer practice within Emanuel and Emanuel's (1992) physician-patient models. Indeed, they reported that there were overlaps in how they located staff practice within these models. However, they were unable to account for the functions performed by carers in adopting a varied position between one or more models. Therefore, their study could be criticised for being insensitive to any variability in participant accounts or the performatory functions of their verbal exchanges.

As described in chapter 3, Wetherell and Potter (1992) recognized that participants are often inconsistent in their discourse. This they suggested could pose methodological difficulties for traditional social psychological theories such as attitude theory, as it would make it very difficult to classify interviewee responses. However, they argued that such difficulties are easily overcome by using discourse analysis. Rather than seeking to classify people, the goal of discourse analysis is to reveal what discursive practices are being deployed and how participants organise their talk to construct meaning. Therefore, accounts may vary as participants draw on different interpretative repertoires to explain, mitigate, validate and justify their accounts in different contexts. Billig et al (1988) further elaborated on the inconsistent and dilemmatic nature of discourses in their discussion of ideological dilemmas (see chapter 3 for a more detailed discussion of this). Given the tension described by previous researchers between empowering service-users and other service agendas and values (Finlay et al, 2008a; van Hooren et al, 2001; van Thiel and van Deldon, 2001) it could be that staff talk on increasing choices and control is particularly suited to Billig et al's (1988) conception of ideological dilemmas.

Coyle (2001) additionally noted several other benefits to conducting discourse analytic research. For example, because of its focus on the socially constructed nature

of reality, discourse analysis affords a great deal of potential to the study of oppressive discourses (see Wetherell and Potter (1992)'s extensive study on the racist language of Pākehā New Zealanders). In addition, he reported that it could indicate the potential implications of oppressive discourses and perhaps be supplanted with alternative, less problematic ones. However, despite these advantages, discourse analysis has remained an under-used method in learning disability research. Three notable discourse analytic studies in learning disability research are summarised below: through the examination of a single case file, Peter (2000) suggested that the construction of a defective learning disabled identity was used to legitimise social control. Wilcox, Finlay and Edmonds (2006) analysed care staff explanations of aggressive challenging behaviour and revealed that staff drew on two primary discourses: an individual pathology discourse and a context discourse. They suggested that service-users were disempowered by the individual pathology discourse, whilst the context discourse enabled staff to manage blame when reflecting on their care practice. Scior (2003) used discourse analysis to examine the accounts of women with learning disabilities. She found that speakers often drew on oppressive guardianship discourses or liberating feminist discourses to dilemmatically position themselves as gendered and disabled.

As mentioned above, other studies using conversation analysis, such as, Antaki, (2001), Antaki, Young, & Finlay (2002), Antaki, Finlay and Walton (2007), Finlay Antaki and Walton (2007), Finlay, Antaki and Walton (2008b), Jingree, Finlay, & Antaki (2006) and Rapley & Antaki (1996), have examined power relations in interactions between service-users and other health-care professionals such as carers or psychologists. However, although these studies have suggested that the goal of empowering service-users is undermined by staffs' duty of care, these tensions were not explored in more depth (however see van Hooren et al, 2002, for a positivist examination of this conflict). What is more, because of the use of conversation analysis, examination was limited to the local context of talk. Therefore, further analysis of these tensions may benefit from a critical discursive psychological analysis, which would also allow for an examination at a more macro-textual level.

Thus a paradox has been identified between providing good quality care to service-users and enabling them to take control over their own lives (see Antaki, 2001;



Antaki, Young, & Finlay 2002; Antaki, Finlay and Walton; 2007; Finlay Antaki and Walton, 2007; Finlay, Antaki and Walton, 2008a; 2008b; Jingree, Finlay, & Antaki 2006; and Rapley & Antaki 1996). This has previously been examined in studies conducted from a realist framework, using qualitative analyses to examine interviews of carers of people with Prader Willi Syndrome (see van Hooren et al, 2001). However there has not previously been a discourse analytic study examining staff talk on giving choices and control which also focuses on how they negotiate talk about the existence of other institutional constraints.<sup>2</sup>

#### **4.1.2 Research Questions**

This study will therefore examine staff talk about increasing the choices and control of service-users with learning disabilities. It hopes to answer the following questions:

- Which interpretative repertoires are drawn on by support workers when talking about empowering service-users with learning disabilities and increasing their choices and control?
- How do these interpretative repertoires allow speakers to negotiate between several conflicting agendas? In answering this question, I shall be particularly attentive to how speakers resolve ideological dilemmas (Billig et al, 1988) through the interpretative repertoires they draw on and the subject positions these repertoires make available.
- How is the learning disabled identity constructed by support workers when talking about increasing the choices and control of service-users?
- How do support workers position themselves when talking about empowering the service-users that they support?

#### **4.2 Method**

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<sup>2</sup> Part of this analysis has already been published. See Jingree, T. & Finlay, W.M.L. (2008). 'You can't do it...it's theory rather than practice': staff use of the practice/principle rhetorical device in talk on empowering people with learning disabilities. *Discourse & Society*, 19, pp. 705-726

#### **4.2.1 Ethics**

A research proposal was submitted to the Ethics Committee at the University of Surrey. However, on their recommendation a local NHS Trust Research Ethics Committee was also approached for guidance. On liaising with them it was advised that ethical approval from the University of Surrey Ethics Committee would be sufficient. This was subsequently approved and can be seen in appendix 1.

#### **4.2.2 Recruitment Strategy**

This study involved the identification of a particular group of informants to enable the exploration of the phenomenon under investigation. Participants were required to be involved in the care and well-being of service-users with learning disabilities and were obtained through contact with managers of residential care homes for people with learning disabilities in the local area. Seven managers of residential care homes were contacted by telephone and were given a brief introduction and description of the research aims. Three of the managers expressed an interest in the research and requested more details, therefore information packs were posted to them. These information packs contained several participant information sheets and a letter of introduction to the manager, which requested that the information sheets be distributed to any interested parties. The participant information sheet contained details of the study, a description of the interview process and a statement about the participant's confidentiality (the information pack can be seen in appendix 2). Of the three managers who had expressed an interest, one contacted me again to request a meeting with the Deputy Chief Executive of the service where the interested participants were employed.

A private meeting took place in which I presented a research proposal for the current study to the Deputy Chief Executive of the service. She informed me that many staff members had already shown an interest and given verbal consent to participate in the interviews. Therefore, further discussions took place regarding the suitability of staff members of the service as informants. I decided that a heterogeneous sample of staff would be interviewed, with duties ranging from support and care workers to managers of different units within the service. All the participants, however, fitted the criteria of being involved in the care and well being of residents within the service. The Deputy Chief Executive identified the members of staff who had shown an interest in

the study. Of this, I randomly selected fifteen participants, all of whom agreed to take part in the study.

#### **4.2.3 Permission**

Before any data was collected, each staff member of the care home was again shown an information sheet which described the research as an examination about promoting the choices and control of people with learning disabilities. They had previously seen these sheets when I had sent them to managers of care homes during the recruitment phase. Participants were informed that participation in the study would be completely voluntary, confidential and anonymous and that they had a right to withdraw at any time. They were told that in order to maintain confidentiality they would be identified by a code in all subsequent documents. Furthermore, any identifying details in the transcriptions such as names and locations would be changed. Participants were also given a consent form, enabling staff to indicate their willingness to participate prior to the commencement of the recorded interviews. Information sheets and consent forms can be seen in appendix 3.

#### **4.2.4 The Service**

The service was an epilepsy charity trust involved in providing residential and day support for people with learning disabilities and epilepsy. Therefore all the residents either had learning disabilities, learning disabilities and epilepsy or epilepsy with other associated conditions such as brain injury. In its early days the service was run as a large institution but had since been divided into seven units which supported 67 residents. Some of the current clients had been resident of the service since it was run as an institution. All seven units were based on the same site with six of them being located within the same building. The unit which was in a separate building was a facility specialising in providing care to individuals described as having more severe learning disabilities, epilepsy and physical disability. Within all the units each resident had their own bedroom with shared living room, kitchen and bathroom facilities. Each unit also had a staff team consisting of a manager, senior staff member and support staff. There was also a day centre located on the site which belonged to the epilepsy trust and which was available to all residents as well as members of the public. The clients were between the ages of 18 to 90 and varied greatly in their independence, communication skills and level of physical support

required. The allocation of residents to the different units seemed to be dependent on the age, gender and complexity of the residents' needs. Therefore, one unit was described as being for elderly ladies who had been residents for most of their lives. Another was described as a unit specialising in providing care to individuals who were more physically disabled, required all personal care and were unable to communicate. A third unit which was occasionally referred to in the analysis by the pseudonym 'The Lodge,' was described as an independent unit with little staff support. This was the only unit that did not have 24 hour staff cover. Many staff also referred to two residents who had recently moved into supported housing out in the community and who were still under the responsibility of the service. It was stated that residents residing in The Lodge were working towards developing the skills necessary for living in supported housing.

#### **4.2.5 Demographic Characteristics of Participants**

Twelve female members of staff and three male members of staff agreed to participate in the study (see table 1 for details). All were between the ages of 22 and 59 (mean age 43.13) and had been employed by the home as care assistants for between 4 months and 19 years (mean employment period 8.85 years). Five of the participants were managers of various units within the service. Many also reported having other roles within the service, for example as instructor for the gym, workshop or cooking, administrator for the day centre or as epilepsy care co-ordinator. All interviewees were involved in the care and well-being of the clients.

| Pseudonym | Age | Ethnic Origin | Role/Duties Within Service |
|-----------|-----|---------------|----------------------------|
| Amanda    | 25  | White British | Carer                      |
| Barbara   | 59  | White British | Manager of 2 units         |
| Claire    | 47  | White British | Manager of unit            |
| Delia     | 57  | White British | Carer                      |
| Eve       | 37  | White British | Carer                      |

|        |    |               |                                       |
|--------|----|---------------|---------------------------------------|
| Fiona  | 40 | White British | Senior support worker and night staff |
| Grace  | 40 | White British | Team Leader                           |
| Harvey | 29 | White British | Support worker                        |
| Irene  | 50 | White British | Manager of Unit                       |
| Jack   | 58 | White British | Carer                                 |
| Katie  | 53 | White British | Night manager                         |
| Lucy   | 37 | White British | Senior carer                          |
| Martha | 53 | White British | Manager of Unit                       |
| Neil   | 40 | White British | Carer                                 |
| Olivia | 22 | White British | Support worker                        |

**Table 1 Demographic Details of Participants**

#### **4.2.6 Data**

The data consisted of audio recordings of 15 semi-structured interviews administered to a sample of 15 professional caregivers employed by a service in the South East of England.

#### **4.2.7 The Interview**

Though naturalistic records, documents and transcriptions are sometimes preferred when using discourse analysis, Potter and Wetherell (1987) acknowledged that the use of interviews also has many advantages for generating data. They noted that interviews could enable a researcher to purposely question an entire sample on the same issues, allowing for greater simplicity when coding. Similarly, Holstein and Gubrium (2003) noted that interviews are a good way of generating empirical data about the social world. Indeed, they noted that interviewing may provoke the production of meaning which addresses issues relating to the research concerns. Furthermore, they suggested that naturally occurring talk may not be necessarily more 'realistic' than the interactions which take place within interviews. The use of

interviews can facilitate access to interpretative resources which relate to issues that may not ordinarily be casually topical. Additionally, because both interviewers and interviewees are engaged in creating meaning within the interview situation, both are unavoidably active. Thus, using an 'active style,' an interviewer may be able to incite certain narratives that emerge too rarely to be captured naturally. This active style of interviewing has similarly been described as an interventionist/confrontative style by Potter and Wetherell (1987). They argued that many interpretative contexts should be generated by revisiting the same issue during the course of an interview under a number of different topics. This would allow the accounting practices and their functions observed in participant talk to become clearer.

On this basis it was decided that a semi-structured interview would be the best method for gathering data. The question of promoting the choice and control of service-users was posed in many different contexts such as housing, finance, employment. The interview therefore explored areas such as finance, health, diet and employment, which were used as a starting point. Areas were chosen by reviewing current literature and government policy on empowerment and learning disabilities (E.g. Valuing People, Department of Health, 2001). These areas seemed to capture the main concerns relating to autonomy discussed by the Government in their white paper. The interview schedule was also discussed with the present researcher's supervisor who has expertise in the field of learning disabilities and is an experienced qualitative researcher. In addition it was submitted for an assessment and checked by another researcher who has expertise in category norms and stigma. The interview started with a warm-up section beginning with a series of general questions about the participant's work and their ideas about empowerment and choice, such as,

- 'How would you describe the people you work with who have learning disabilities?'
- 'The Government recently made new proposals concerning people with learning disabilities. One of their objectives was to increase the control and choice people with learning disabilities have over their lives. How do you feel about this?'

Following the warm up section, the interview schedule was then divided into the seven sections that had previously been identified in the literature and 'Valuing People' (Department of Health, 2001). These areas were: finance, health, diet,

employment, housing, social and sexual relationships and alcohol. Questions in each of these sections followed a similar pattern to that of the warm-up section where a broad question was posed initially, for example,

- The Government want to see an increase in opportunities for people with learning disabilities which decreases social exclusion, and allows them to lead fulfilled lives and enables them to become full members of the community. What do you think about this?

This was again followed by a series of questions and prompts if they were required. For example:

### **Social and Sexual Relationships**

- How do you think someone with learning disabilities would integrate into the community?
  - Why?
- How about in terms of developing friendships with non-disabled people?
- How would you feel if these relationships or relationships with other people with learning disabilities were sexually intimate?
- Would your views be different if the person with learning disabilities were male or female?
  - What about having children?
- How much say do you think parents should have on this issue?
- What are your views on increasing access to sexual education for people with learning disabilities?
- What are your views on a person with learning disabilities reading erotic magazines or watching erotic videos?
- How would you react if they asked you for help in accessing or buying erotic material?
  - For example if they were in a wheel chair?

For the full interview schedule see appendix 4. Due to the semi-structured nature of the interview these questions varied according to the interviewees' responses and any areas that arose spontaneously were followed up and explored further. Some of the questions in the interview schedule were about more sensitive topics than others. If the interviewee seemed comfortable talking about such topics, these questions were pursued in more depth.

#### **4.2.8 Interview Procedure**

Interviews were conducted at the service in order to ensure a relaxed and familiar environment where participants felt at ease. The interviewing took place over three days and took between 50 minutes to 1 ½ hours each. An interviewing timetable had been organised by the Deputy Chief Executive of the service. Therefore, staff who were willing to participate were allocated a timeslot in which to be interviewed. Before each interview the staff members were reminded of their rights to withdraw

from participation at any time and that their identity and any form of identifying detail would be kept confidential from this point on in the research process. They were also told that no feedback about them individually would be given to the service. Staff were also reminded of the research aims and were given opportunities both before the interview and afterwards to raise any questions or concerns. All interviews were tape recorded and transcribed to facilitate analysis.

#### **4.2.9 Transcription and Data Analysis**

The recordings (each approx 60 minutes to 90 minutes) were transcribed verbatim. Some notation has been used to preserve characteristics such as overlapping speech in the talk (see appendix 5 for notation used). These were preserved in case they illustrated features warranting further examination during the analysis process. All identifying names and locations were changed. The data was analysed using the analytic frameworks of Potter and Wetherell (1987), Wetherell and Potter (1992) and critical discursive psychological analysis (Edley, 2001; Wetherell, 1998). This method was chosen as most appropriate because of its focus on both macro and micro textual details in the social organisation of talk. Therefore, it was hoped that it would make clear which discourses were shared across texts and which constructions of the world these discourses favour (Coyle, 2001). It also aimed to examine how language creates a version of events, people, and objects and a version of how choices and control are given in various situations. This study also aimed to examine the constructions of service-user identity and staff identity in giving choices and control. Of interest was the subject positions offered by the various discourses and the functions and effects of engaging in them. By adopting a critical realist discourse analytic position, consideration was also given to the disempowering effects of invoking certain interpretative repertoires.

The analysis was conducted following the recommendations of Potter and Wetherell (1987), Coyle (2001) and Wetherell, Taylor and Yates (2001). The first stage involved an in-depth engagement with one of the transcripts through a reading and re-reading of the text in a manner that was mindful of the discourses being drawn on to explain and justify how choices and control were given to or restricted the actions of service-users. My supervisor also looked at this transcript and a discussion took place concerning the different themes and rhetorical devices which had been revealed.



Following this two other transcripts were coded. Therefore, they were read in a similar fashion and records were made of recurring themes. At this stage Potter and Wetherell (1987) recommend that coding has a pragmatic rather than analytic goal of assembling together instances for further examination. Therefore, it should be done as inclusively as possible. Thus even vague instances which seemed only slightly related were included at this stage. As a result several instances were often coded under a number of different categories. Potter and Wetherell (1987) and Coyle (2001) also noted that there are no prescriptive techniques for carrying out analysis as understood elsewhere in social psychology. However, they suggested that the analysis stage consists principally of identifying patterns in the data in the form of both variances in content or forms of account and in features shared by accounts. Because discourse analysis is concerned with the functions and effects of talk, analysis also requires the formation of hypotheses about these functions and the search for linguistic evidence. Therefore, as the analysis became more sophisticated, discourses were identified and examined in terms of the functions they performed, the subject positions they offered to staff and service-users and the implications that they had empowering service-users. The analysis therefore sometimes required a micro-level examination of the rhetorical devices used in participant accounts, as well as a global consideration of the interpretative repertoires (Potter and Wetherell; 1987) being drawn on.

This initial analysis was written up and presented at a PhD conference where feedback was received from various other PhD students and researchers. The next stage involved coding the remaining 12 transcripts and incorporating them into the emerging analysis. It was decided that a computer program for qualitative analysis (QSR Nvivo) would be used for the coding. A file of transcript extracts was developed for each interpretative repertoire or feature of talk that was identified, where a key word or phrase was used to describe the common discourses found in all the extracts of that file. As the analysis progressed, my understanding of what should be coded from the remaining interviews changed repeatedly, making the process a cyclical one of moving between coding and analysis. For example, in the following analysis (section 4.3) three of the interpretative repertoires are identified as: 'increasing autonomy,' 'practicalities' and 'mixed increasing autonomy and practicalities.' In the initial stages of the analysis, however, many of the extracts

supporting these interpretative repertoires were grouped under one file which I called 'principle versus reality.' This initial file focussed on how staff show themselves to be in favour of policies such as increasing choice, whilst simultaneously expressing difficulties in implementing such policies, which act as obstacles against them being achieved. An example of an extract taken from this initial file is shown below where Fiona states:

'Er because we are we are trying to (-) give them you know the right to do what they want and the choice to do what they want and I I think quite a lot of the time (-) they're not we're we pay lip service to it.'

(See sections 4.3.1, 4.3.2 and 4.3.3 for how this subsequently develops and is discussed in three sections of the analysis). This cyclical process of analysis is similar to the technique used by Wetherell and Potter (1992). In an attempt to maintain the rigour of this analysis, my supervisor conducted validation checks of the developing framework to ensure the findings were grounded in participant accounts. This was in accordance with (Elliott, Fischer, & Rennie, 1999) who made several suggestions in ensuring better quality in qualitative research.

#### **4.2.10.1 Research Quality Checks**

According to Willig (2001), studies conducted from within a contextual constructionist epistemology need to show quality in two domains. Firstly participant accounts of their experiences and researcher accounts of the analysis and interpretation of the data need to be clearly grounded in the contexts from which they were derived. Secondly and in relation to the researcher's account, a degree of reflexivity needs to be demonstrated. Elliott et al (1999) published a set of evolving guidelines to contribute to the process of legitimising qualitative research through increasing rigour and encouraging better quality control. However they also stipulated that these guidelines should be used flexibly to avoid stifling creativity in qualitative research. In the section below I have attempted to illustrate how some of these guidelines have been met.

#### **4.2.10.2 Owning One's Perspective**

As Holstein and Gubrium (2003) have noted, both speakers (the interviewer and the interviewee) are implicated in the production of meaning in interviews. Therefore,

interviewees construct knowledge in collaboration with interviewers. Consequently, it may be important to consider Elliott et al's (1999) advice that researchers acknowledge their own values, interests and assumptions and the influences these may have in their understanding of the data. This in turn would help the reader to understand the researcher's interpretation and to consider possible alternatives.

Because of its social constructionist stance, this research does not adhere to the traditional scientific evaluative criteria of reliability and validity. Instead, several personal experiences have influenced my interest in people with learning disabilities and therefore my speaking position through which this analysis and findings were shaped. For most of my life, my parents have been involved in providing community care for people with learning disabilities and increasing their participation within the community. Therefore, I have spent a large amount of time interacting with service-users. In addition, as a young teenager I spent five years living in one of the family owned residential care homes for people with learning disabilities, therefore I formed friendships with many of the residents. However, it often came to my attention that school friends outside of this service sphere were reluctant to visit me socially within the residential care home or even talk to residents when they did. Additionally, I was often teased for living in a residential care home, and, therefore experienced some of the stigma (though to a much lesser degree and for arguably different reasons) associated with living within a service. This experience has made me more sensitive to the way in which people with learning disabilities are constructed as 'learning disabled.' Therefore, during the interview process I was more inclined to pursue discussions on normalcy and difference. In turn, when analysing data, I paid more attention to constructions of difference. These interpretations have been grounded in examples from interviews. In addition, I have made every effort to present any data which counters such constructions, and described the effects achieved by these.

My interest in power relations between carers and people with learning disabilities was aroused during a one year clinical placement as a psychology undergraduate on a secure brain injury unit. In this setting I came into contact with many young adults of the same generation who if it had not have been for various forms of accident such as road traffic collisions, may have pursued similar life goals to mine. Indeed, many of the patients within the unit expressed a keen interest in being able to pursue a

'normal' life again. For example, one was eager to continue his application to university whilst another wanted to be able to play golf again and to drive a car. However, as a consequence of their accidents and the associated cognitive impairments with traumatic brain injury these patients' wishes were treated as a lack of insight to their cognitive impairments. Additionally, their activities and everyday movements were confined to what was available within the secure unit. Of particular pertinence, however, was the way in which these patients were treated by their carers and other health care professionals and how this was influenced by the change in their standing within society. For example, staff often discussed patients' personal care with other members of staff whilst in the company of the patient concerned, but without making any effort to include the patient in the discussion. It often seemed to me, therefore that many of these patients were not accorded the same level of respect they would have received if they were not residing within services. Goodley (2000) notes that it is often difficult to pinpoint the exact features of subjectivity that may influence a research process. However, I believe that this experience may have influenced the way in which I interpreted power relations between care staff and service-users. Following discussions with my supervisor I was made aware that I was interpreting various described situations as disempowering for service-users, but not providing enough evidence to support this. Therefore, every effort has since been made to ensure that all my interpretations are supported fully with data.

One way in which the analysis was shaped may have occurred during the interviewing process. My own personal experiences and research interests may have influenced which reports I chose to pursue and which I chose to ignore. For example, interviewees were prompted to give more details if they spoke about experiencing a conflict between their duties as carers and increasing service-user choices and control. They were also encouraged to speak in more depth about reports about service-user mistreatment (e.g. name-calling by staff) as these seemed to be clear examples of disempowerment for service-users. It became apparent that the questions regarding service-user health (see interview schedule) were not eliciting enough information regarding the conflicting agendas of care staff or service-user mistreatment, therefore these questions were sometimes not asked if time was limited.

The final strand of influence which may have shaped the analysis stems from my ethnic identity as a British Asian which has made me sensitive to various forms of prejudice. It is possible that this along with the two experiences described above have made me more sympathetic to attending to descriptions of service-user mistreatment (e.g. name-calling) and disempowerment. Indeed in meetings with my supervisor it was pointed out that parts of the emerging analysis were unfair in their interpretations of how service-users are disempowered as a consequence of staff actions. For example under the subheading ‘Conformity and Normalisation Discourse,’ a situation is described where staff react towards a service-user, who tries to personalise his Zimmer frame. Staff encourage the resident to be more socially acceptable. My initial interpretation was that the staff involved were more concerned with making service-users appear ‘normal’ than enabling them to express their own preferences and individuality. This in turn I felt continued to perpetuate a devaluation of people with learning disabilities. However, following discussions with my supervisor, I was encouraged to consider the staffs’ position, that perhaps they had other valid concerns such as facilitating the integration of their residents. Therefore, efforts have been made to be more mindful of this and to produce a fairer account of the conflicts experienced by care staff when giving choice and control to service users.

#### **4.2.10.3 Situating the Sample**

To enable the reader to evaluate the relevance of the findings, Elliott et al (1999) suggested that descriptions should be given of participants and their life circumstances. Therefore, basic demographic information has been provided for each participant who was interviewed (see table 1). Moreover a detailed description has been given of the service in which they all work.

#### **4.2.10.4 Grounding in Examples**

Elliott et al (1999) recommended that researchers should illustrate their analysis with examples from the data. This would enable the reader to assess the fit between the data and the researcher’s interpretation. Potter (2003) similarly highlighted the importance of enabling ‘readers’ evaluation,’ of the interpretation of original material and of the general claims being made. This seems more pertinent given the influence that my speaking position would have had on the final analysis. Therefore,

throughout the analysis, extracts have been taken from the transcripts to make the analytical process visible to the reader.

#### **4.2.10.5 Providing Credibility Checks**

To ensure the credibility of the analysis (Elliott et al., 1999), a discussion took place between my supervisor and I over the first transcript that was analysed. After 3 transcripts had been analysed they were presented at a PhD conference where feedback was received. A section of one of the transcripts was also presented to a discourse analysis group where six other researchers and students involved in using qualitative methods were available to give feedback and advice from a discourse analytic perspective. My supervisor also read an outline of the framework which emerged from the analysis. In addition, a section of my final analysis was also presented at a PhD conference, where again feedback was received from the students and researchers present. Part of the final analysis was sent to a peer reviewed journal and published in *Discourse and Society* (see Jingree and Finlay, 2008).

#### **4.2.10.6 Coherence**

As recommended by Elliot et al (1999), I have made every effort to ensure that the analysis is presented in a structured and meaningful manner. It has been divided into six parts which are presented under six subheadings.

Potter (2003) also suggested a guideline for coherence. However, his recommendation focuses on ensuring that discourse analytic studies are grounded in previous research. This present study follows from the work of Antaki et al (2002), Antaki et al (2006), Jingree et al (2006) and Wetherell et al (1987).

#### **4.2.10.7 Accomplishing General Versus Specific Tasks**

Elliott et al (1999) suggested describing specific cases systematically and comprehensively to avoid misleading the reader in their understanding of the analysis. I have endeavoured to describe this study as being based on a sample of 15 care staff of people with learning disabilities from a particular service specialising in epilepsy and learning disabilities. On this basis I stress that the findings observed in the analysis may not be representative of other services for people with learning disabilities.

### **4.3 Analysis**

This analysis is divided into six parts which are indicated by subheadings. The first two focus on the invocation of interpretative repertoires called 'Increasing Autonomy' and 'Practicalities Talk'. It was also not uncommon to find that these two interpretative repertoires were mobilised together to argue against increasing choices and control in some situations. Therefore, this was presented under a separate subheading called 'Mixed Increasing Autonomy Talk and Practicalities Talk.' In addition this part of the analysis contained a sub-section called 'Risk.' This was presented separately in a sub-section because it was observed that participants drew on two competing repertoires which had similar features identified in 'Mixed Increasing Autonomy Talk and Practicalities Talk.' Risk was either talked about as part of the increasing autonomy repertoire of allowing personal growth, or it was presented as a practical consideration against which choices and control were to be managed. Nonetheless, it was felt that the presence and degree of talk on risk was significant enough to warrant that it be described under a separate subheading. The remaining subheadings were 'Imperfect Past to a Perfect Present,' 'Conformity and Normalisation' and 'Solving Dilemmas.'

#### **4.3.1 Increasing Autonomy**

This interpretative repertoire focussed on rights and freedom of choice, and encompassed talk which Wetherell, Stiven and Potter (1987) described as a 'moral language of should's, ought's, fairness and duty' (p. 62). It was evident in all the interviews and typically exemplified by maxims such as 'it's their choice, it's their life,' 'no one should do what they don't want to do,' and 'everybody has a right to a child.' Considering the prevalence of concepts such as autonomy, control, choice and empowerment in policy documents and psychological literature on people with learning disabilities (see chapter 2), it is perhaps unsurprising that these philosophies have entered the language of care staff and are mobilised in many of their arguments concerning giving choices and control. As Ramcharan and Borland (1997) noted, these terms are used as a rationalisation for almost any work concerning people with learning disabilities. Such statements also have another important function of allowing participants to present themselves positively as liberal-minded. However, in an analysis of the racial discourses of Pākehā New Zealanders, Wetherell and Potter

(1992) reasoned that interpretative repertoires like this were derived from a liberal emphasis on the superior value of freedom, and could be employed to make racist arguments. Later it will similarly be shown how staff use such arguments in conjunction with repertoires on practicalities to argue against giving choices and control to service users. As will be shown presently under Mixing Increased Autonomy and Practicalities Talk, by presenting themselves as *otherwise* liberal and *endorsers* of rights and choices, participants are able to argue more effectively *against* giving choices and control in some situations. However, before turning to this it is important to first demonstrate the characteristics of increasing autonomy talk and to identify what functions such talk accomplishes and the implications that these may have on the choices and control of service-users with learning disabilities. This will enable the reader to both observe what transpires when such talk is mobilised alone and also to compare this to its use as a mixed repertoire with practicalities talk later in the analysis.

The following extract forms part of a discussion about breaking away from institutional routines such as set meal times and day-centre sessions. The increasing autonomy repertoire is observable in how Amanda advocates that residents should not be made to do things at set times because this is their home.

#### 4.3.1.1 Extract 1 Amanda-Lines 1195-1218

1195 A And I think if they wanna have a lie in, they have a lie in. If they  
 1196 feel like they want to lounge on the sofa for the day and but I think  
 1197 some staff think that if it's their programme to be down the  
 1198 daycentre they should be here. (RYeah) And I think well I've had  
 1199 residents come down to my sessions and they're like 'oh not feeling  
 1200 very well.' And I'm like 'well well do you want to go back and  
 1201 have a lie down then.' And they're like 'd'you mind?' And I'm like  
 1202 'no.' (R Umm) And they say, 'well will the staff say anything?'  
 1203 And I say 'well it's got nothing to do with what the staff it's what  
 1204 you want to do.' (R Yeah) And I think sometimes staff are set that  
 1205 they're that they're meant down the daycentre so that is what they're  
 1206 doing. And I think some of the time if we're (-) wanna lounge on  
 1207 the sofa for the day or sommink, we can. Or if we want to get up  
 1208 late we can or if we want an early night we can and I think but I  
 1209 think that's going back to sort of some of the older staff (RUmm)  
 1210 but I think more now that younger staff are coming in, I think it  
 1211 helps because (-) they sort of see that side. Some of the older staff  
 1212 are like well no you've got to get up, you've got to get to daycentre,  
 1213 you've got to do that. And someone said to me 'oh don't fancy  
 1214 going to the daycentre or anything today.' I'd be like 'yeah fine  
 1215 okay.' Because it's their choice, it's their life, we don't run their  
 1216 lives. (R Umm) And I think sometimes staff need to sort of sort of



1217 sit back and realise that huh. (R Huh) That they're that this this is  
1218 their home.

Amanda begins by stressing that residents should be allowed to do as they wish in lines 1195-6. Between lines 1206-1209 she again repeats these phrases, almost word for word, however, this time using 'we' as the actors. Horton-Salway (2001) noted that this form of categorisation of residents as 'they' and non-residents as 'we,' is a powerful discursive way of ordering the world, which demonstrates that in contrast to 'they,' 'we' have freedom of choice. The category used here calls attention to the difference of service-users. This device of using contrasting categorisations is used again between lines 1209-1214 where older staff are categorised as more concerned with institutional rules whilst, in contrast, younger staff place more importance on facilitating freedom of choice. This contrast between old staff and young staff was a common theme in a majority of the interviews. It was especially frequent in talk on increasing autonomy and in descriptions of the past. Interviewees frequently positioned themselves as new, young or good staff whilst contrasting their practices to that of old or bad staff. As will be seen below, Amanda referred to the distinction on several occasions throughout this extract.

As well as being a carer, Amanda is also an instructor at the day-centre and is responsible for managing several of the daily sessions. Therefore it could be assumed that one of her primary concerns is that residents attend her sessions. However, this concern is not compatible with allowing service-users to do what they want. Notice how she distances herself from this identity. She begins by naming an obstacle to service-user freedom of choice, 'some staff,' who 'think that if it's their programme to be down the daycentre they should be here.' Therefore, only some staff are at fault here, and as she notes below, these tend to be older staff. Secondly, she cites an example of how some residents have come to her sessions feeling unwell. This example could make these other staff appear unreasonable for expecting clients to attend day-centre sessions. Here, reported speech is used whereby, without residents having to ask, she voluntarily suggests that they go back and lie down (1200-1202). According to Goffman (2001) and Wertsch (2001), reported speech is valuable in the way it preserves the authenticity of another's voice, therefore Amanda is able to make her account appear more factual. Thirdly, between lines 1212 and 1214 she

elaborates on how some of the older staff obstruct service-user freedom of choice. Here, she uses a 'three part list,' (Jefferson, 1990) 'you've got to get up, you've got to get to daycentre, you've got to do that,' which is a 'powerful organising feature in interaction' (Woofitt, 2001; p. 61). In spite of her possible concerns that residents should be attending her sessions, Amanda is able to present herself as more positive and reasonable than other staff. She constructs herself as championing resident rights for choices and control and engaged in a struggle against these 'more controlling older staff.' This is further reinforced when the residents seek to verify that the other staff would not question her decision 'well will the staff say anything?' (1202-3) as it perpetuates a construction of other staff (in contrast to Amanda) as less committed to service-user choice and more concerned with institutional rules and programmes. Again, reported speech is used to emphasise Amanda's response to this 'well it's got nothing to do with what the staff it's what you want to do' (1203-4). This response draws on liberal philosophies of freedom of choice commonly seen in increasing autonomy talk and is used as an obvious and indisputable reason for why Amanda's response carries more weight against what other staff may say. This is seen once again (1215), where she reasons that, 'it's their choice, it's their life, we don't run their lives.'

The conversation in Extract 2 follows from Claire describing how she would facilitate resident requests to go out on dates if they were in a wheelchair. I have just asked her if she has experienced any differences in how staff manage increasing the choices and control of residents over the last 18 years. Her immediate response is to draw on the liberal philosophies of increasing autonomy talk, such as 'people's rights' and being free from the influence of others' moral values.

#### 4.3.1.2 Extract 2 Claire- Lines 649-679

|     |   |  |
|-----|---|--|
| 649 | C | As far as staff go I'm very lucky with my my staff team.         |
| 650 |   | They're very erm (-) people's rights are very big thing for them |
| 651 |   | and are a big thing with me. I certainly wouldn't have (-)       |
| 652 |   | people coming in and bringing their moral (-) (R Umm). You       |
| 653 |   | can't come in and do that. (R No) When I first went to run the   |
| 654 |   | unit I run upstairs, the erm, their mission statement, the last  |
| 655 |   | mission statement was to erm, I forget the wording (-) teach     |
| 656 |   | people teach the clients or the residents moral I can't quite    |
| 657 |   | remember moral issues. I thought that's the first thing that's   |
| 658 |   | going. (R Hmm) What I find morals, somebody else might           |
| 659 |   | find immoral. No we all have got things that we you know I'm     |
| 660 |   | just I I'm not keen on pornography I mean I wouldn't allow the   |

661 Sun newspaper to be in my house. (R Yeah) You know I'm  
 662 very (-). I couldn't come here and say that to them. (R  
 663 Umm) And I just find pornography for example very erm (-)  
 664 demeaning to women. (R Umm) I don't believe all those  
 665 women are consenting [(-) to it, (-) at all. But if it's legal, I  
 666 wouldn't dream  
 667 R [Yeah  
 668 C of telling somebody they. And I'd be very cross if my staff (-)  
 669 were to say, or to make fun of what they do. So I don't agree  
 670 that we should walk into their homes and bring our morals.

Within the first few lines Claire engages in increasing autonomy repertoires, using an extreme case formulation (Pomerantz, 1986) of 'very big thing,' to add clout to her account. As was observed in many interviews, such as Amanda's above, reference is made to the 'old' ways in which things were done (653-657) and this not only presents a contrast to the improvements of the present, but positions Claire as actively advocating the current improvements. In addition, Claire also asserts that she wouldn't have staff bringing their morals (651-652). Again, this locates this new expectation of staff practice into the present and contrasts what may have been the practice of the past. In lines 652-3 and 662-670 she demonstrates the strength of liberal arguments, noting that 'You can't come in and do that.' Here she engages in a liberal philosophies repertoire, which argues for the protection of an individuals' freedom of choice and allows them to make decisions without being influenced by others (Christman, 1988). She also indicates that she would be very cross if staff were to impose their values on residents. What is being observed here could be similar to Wetherell and Potter's (1992, p.182) argument that 'equality allows for passionate argument and forceful indignation at its supposed violation because the ethical grounds of argument seem so well established.' Therefore these arguments are regarded as the ruling principle of staff conduct and this is demonstrated from lines 658. Here Claire elaborates on the liberal philosophies of the autonomy repertoire, noting that everyone is different and has individual rights, 'What I find morals, somebody else might find immoral' (658-9). She gives an example of herself as disliking pornography and draws on another liberalistic argument, that pornography is demeaning to women (663-665). This adds justification to her dislike of pornography. However, despite her now justified dislike of such things, the residents' individual rights prevail and Claire finishes her argument with 'I wouldn't dream of telling somebody they.' Claire does not finish her sentence here, however, from the way her argument proceeds, it could be presumed that she may have ended

with words such as ‘can’t do that.’ The effect of all this allows Claire to maintain a positive self-presentation. Despite her personal beliefs regarding pornography she presents herself as a staff member who puts clients’ rights first, before her own moral values, and is therefore committed to protecting their choices from the influence of others.

In Extract 3 Irene is responding to my question of what she thinks about people with learning disabilities having children.

#### 4.3.1.3 Extract 3 Irene Lines 613-631

613 I What’s the problem? What’s the problem? (-) Erm there have  
614 been cases in the paper, recently. About children being taken  
615 away from couples they think are and it was quote, unquote  
616 ‘slow.’ (R Umm) Erm (sighs) everybody has a right to a  
617 child. But then you can go into the issues of, you know will  
618 that child be taken care of properly, do they see the risks  
619 involved? And all that. (-) If two people you know had  
620 learning disabilities wanted a child I think there would be  
621 counselled very closely. I think they would have a lot of  
622 different erm (-) points of view put to them. But I think that if  
623 they both wanted that then (-) who’s to say you know you  
624 can’t do this and you can’t do that? If they again support (you  
625 know) they wouldn’t have any difference that they child would  
626 be brought up in a loving relationship. (-) There have been  
627 articles where you know you actually have had in fact there  
628 was a documentary on television where erm a boy was born to  
629 two people with learning disabilities who’s completely normal.  
630 (-) you know and he saw his parents as normal. (RUmm) You  
631 know (-) good for them (word) I have no problem with that.

Irene answers in a manner which questions the validity of my question (613), following it up with the maxim ‘everybody has a right to a child.’ This immediately presents her orientation as obviously advocating individual rights. She also distances herself from constructing individuals with learning disabilities as ‘slow’, by adjusting her footing to become the animator of someone else’s words (616) (Goffman, 2001). Footing is the notion that a speaker can either be the ‘author’ of their own words, the ‘principle’ and therefore the one the words are about or the ‘animator’ of someone else’s words. This allows speakers to maintain impartiality or detachment from a subject. Therefore, by adjusting her footing Irene introduces alternative constructions of individuals with learning disabilities (which are not consistent with promoting their independence) whilst remaining distanced from this construction. In addition, she

uses what Antaki and Wetherell (1999) termed a show concession. This is visible between lines 616-624 and is reproduced below:

### **Extract 3b**

everybody has a right to a child. **But then** you can go into the issues of, you know will that child be taken care of properly, do they see the risks involved? And all that. (-) If two people you know had learning disabilities wanted a child I think there would be counselled very closely. I think they would have a lot of different erm (-) points of view put to them. **But** I think that if they both wanted that then (-) who's to say you know you can't do this and you can't do that?

This show concession has a typical three part structure which consists of a proposition, (everybody has a right to a child), concession, (you can go into the issues of...points of view put to them) and reprisal, (But I think that if they both wanted that then...). Irene's claim, 'everybody has a right to a child,' is vulnerable to challenge. Therefore, Antaki and Wetherell argue that this three part structure allows the speaker to sound flexible towards other arguments whilst also defending their claim. Thus, a show concession strengthens Irene's position whilst weakening any challenges. In the reproduced extract (3b) above, it can be seen that a few words on either side of the concession have been highlighted in bold. These signal what Antaki and Wetherell (1999) termed the concession (preceding the concession) and reprise (preceding the reprisal) markers. They noted that the concession marker functions to signal to the listener that what was said previously is disputable, whilst introducing what follows as contradictory evidence. The reprise marker as can be seen in this extract, takes the most typical form of 'but,' and indicates that the concessionary material has concluded. In addition, it introduces what is to follow as the opposite or a counter to what was just said. This show concession could be classified as a 'Trojan Horse' (Antaki and Wetherell, 1999). This is recognizable by the extreme case formulations ('counselled very closely,' and a lot of different') present in the concession, which again functions to reinforce Irene's claim, whilst casting the idea of not allowing people with learning disabilities to have children as objectionable. Antaki and Wetherell (1999) argued that show concessions signal talk as being about controversial issues. It also could be used advantageously in environments where presentations of self as rational and fair-minded are highly valued. Thus Irene is able

to raise a disputable and liberal argument whilst simultaneously attending to and showing awareness of counter arguments.

Therefore the increasing autonomy repertoire is used here again as an irrefutable justification for allowing people with learning disabilities to have children. Towards the end of Extract 3, Irene increases the warrant of her account by referring to articles and a documentary about a couple with learning disabilities who had a baby boy. Using an extreme case formulation (Pomerantz, 1986) 'completely,' she notes that the outcome was that the child perceived his parents as being normal. It could be argued that this is one of the ultimate goals of the increasing autonomy and liberal repertoires, to do away with difference and recognize all humans as deserving of the same rights and dignities. Therefore, here within the increasing autonomy talk discourse, an extreme positive case is presented to justify facilitating choices and control. Later in the analysis it will be shown how extreme negative cases are given as examples to justify why service-user autonomy cannot be increased. Through the increasing autonomy discourse staff are able to position themselves as supporting integration and facilitating client choice, thereby respecting the current agenda of empowering service-users. The increasing autonomy repertoire is also employed to argue that giving choice should be upheld as the utmost priority, alongside other constraints and should be treated as the guiding principle of staff conduct.

#### **4.3.2 Practicalities**

Practicalities repertoires tended to focus on why choices and control could not be facilitated in certain situations or under certain circumstances. Whilst increasing autonomy repertoires was based on expressed beliefs in the value of increasing rights and choices, this competing interpretative repertoire was based on a different construction whereby the practicalities cited seemed to represent an unalterable reality for the participants which they had to work around. A similar construction of practical considerations has been noted by Wetherell, Stiven and Potter (1987) in their analysis of unequal egalitarianism in discourses of gender and employment opportunities. They found that practical considerations appealed to discourses of a 'biological inevitability,' (p. 62) of the differences between men and women. Likewise many of the practical obstacles noted by participants were also based on internal factors. For example, participants spoke of a lack of cognitive abilities which

contributed to behaviours such as a lack of understanding or a lack of verbal ability. However, participants also drew on and accompanied these with environmental obstacles such as a lack of staffing to support clients with higher needs. A similar mixing of internal and external obstacles called an ‘individual pathology discourse’ and a ‘context discourse’ has previously been noted by Wilcox et al (2006).

In the extract below I asked Fiona if she has any thoughts on how service-users with learning disabilities lack choice and control over their lives. This is how she responded:

#### **4.3.2.1 Extract 4-Fiona-Lines 171-179**

171 F I think they do lack an awful lot of lot of control in their life erm  
172 but then we all do. (R Umm) Erm (-) they have (-) a lot of our  
173 clients have not got physical control do you know what I mean  
174 they can't do certain things for themselves so that can lead to  
175 frustration. Erm they haven't got the cognitive abilities to  
176 reason (R Umm) and therefore don't feel that they've got  
177 control over their lives or that's my perception of it. Erm I don't  
178 think we give them that control because of the nature of the  
179 service erm (-) because there's quite a lot of constraints I think

She began by affirming that they do lack control, using extreme case formulations (Pomerantz, 1986) ‘an awful lot of lot of control.’ However, she justified this situation by adding, ‘but then we all do,’ (172), which had the effect of normalising the severity of their plight by making it appear equal to that of other people. This was seen on several occasions in interviews, where it could be seen that the increasing autonomy discourse and the practicalities talk discourse were sometimes combined to argue that the situation for people with learning disabilities is no different to that of others. Again as was seen in Extract 1, a distinction between ‘they’ and ‘we’ can once more be seen here (171-2). However unlike previously where it functioned to show that in contrast to ‘they,’ ‘we’ have freedom of choice, here it demonstrates that like ‘they,’ ‘we’ also lack choice. The way in which participants used different categorisations of service-users with learning disabilities could be explained by Edwards (1991) discussion about categories. He argued that categorisations have rhetorical implications and speakers are positioned and accountable for these interactional consequences when they deploy categorisations in talk. Thus categories are applied flexibly on that basis. In Extract 1 under the subheading ‘increasing autonomy,’ where service-users (they) were constructed as lacking choice in contrast

to ‘us,’ speakers were positioned as wanting to increase the rights and choices of people with learning disabilities. However, under this subheading where speakers positioned themselves as unable to increase choice for practical reasons, constructions were employed of service-users as not being in a dissimilar position to ‘us.’ This had the additional effect of mitigating against a negative speaker identity associated with practicalities talk.

Another way in which Fiona weakened the claim of resident lack of control was by describing service-users as *feeling* like they lack control (176- ‘don’t feel that they’ve got control over their lives’) and, therefore, emphasising the fact that this was *their* opinion of their situation rather than that of others. This was stated rather than the alternative that they actually do lack control. However, it is possible that a word is missing from Fiona’s speech in this sentence and what she really meant to say was ‘*I* don’t feel that they’ve got control over their lives or that’s my perception of it’ (missing word italicised). If this is the case it would be more consistent with her statement in line 171 ‘I think they do lack an awful lot of lot of control.’ Before, Fiona began to construct an account of why she felt people with learning disabilities lacked control. She attributed this to a lack of physical control because of diminished cognitive abilities (172-5). Therefore, she could be seen to be drawing on internal differences located within service-users with learning disabilities. In addition, she followed this by asking me, ‘do you know what I mean,’ which indicated that she was possibly drawing on a repertoire familiar to both of us in our culture. This dominant understanding of learning disabilities drawing on ‘individual pathology’ repertoires (Wilcox et al, 2006) is an example of the medical model of disability (Oliver, 1996). According to Goodley (2000), Oliver (1996) and Wilcox et al (2006), understandings of disabilities which pertain to a medical model of disability are incompatible with notions of increasing autonomy. Therefore, the effect of constructing practical considerations in this manner acted as an indisputable reason for why service-users continue to lack choice and control.

Fiona followed this account up by noting that control is often not given because of the nature of the service (177-179). She is here referring to possible external factors that present obstacles to client choice and control. However, in Extract 5, in which she



continues her discussion, it can be seen that this again is attributed to internal cognitive factors characteristically associated with learning disabilities:

#### 4.3.2.2 Extract 5 Fiona- Lines 186-197

186 F Erm I mean we do we do try and promote control but I don't  
187 think we're we're entirely successful.  
188 R Why do you think that is?  
189 F Erm (-) it it goes back to the sort of the reasoning really, you you  
190 try and reason with some of the clients with learning disabilities  
191 they but they haven't got the cognitive abilities to (-) understand  
192 the reasons for not being able to do such and such a thing (R  
193 Umm) whatever that may be. Erm or the erm (-) you know I  
194 mean (-) it's like get you know getting up and going to bed. We  
195 we can choose when we want to get up and go to bed. The  
196 clients can to a certain extent if they have the vocal ability. A lot  
197 of our clients don't have speech

In this extract Fiona states 'we do we do try and promote control' (186). However, she notes that despite this, efforts are not always successful. Here she can be seen to be managing blame. Rather than being because of staff methods or policies, a lack of success is attributed to internal factors such as 'they haven't got the cognitive abilities,' and 'a lot of our clients don't have speech.' Therefore, her use of 'control,' in this extract seems closer to 'self-control' rather than 'empowerment.' In addition Fiona remarked, 'you you try and reason with some of the clients,' and 'they haven't got the cognitive abilities to (-) understand the reasons.' This gives a sense that her concerns are actually more orientated towards persuading service-users to accept something rather than offering them freedom of choice.

The discursive device of using categorisations and contrasts can again be seen here, where Fiona suggests how 'we' in contrast to 'they,' 'can choose when we want to get up and go to bed.' She notes that clients who are less disabled, those who 'have the vocal ability' (195-7) are also able to make their own choices in contrast to those who 'don't have speech.' This reinforces her argument that despite trying to increase the choices and control of people with learning disabilities, practicalities, which are constructed as unavoidable internal factors influence the extent to which staff efforts are successful. However, it also raises the question of why residents with verbal difficulties cannot choose when they go to bed? By being positioned within an individual pathology discourse (Wilcox et al, 2006) opportunities to facilitate choice are closed off. This suggests, therefore that because it is assumed that clients who

don't have speech cannot choose when they go to bed, perhaps they are denied this choice.

In the following extract I have just asked Delia how much control she thinks service-users with learning disabilities have over their lives generally.

#### 4.3.2.3 Extract 6 Delia-Lines 130-160

- 130 D Erm control, (-) I'd rather say choices. (R Umm) Those who  
131 (-) are able to choose, get they choose. And because quite  
132 often erm, within the sessions it'll be, 'I really would rather do  
133 something else.' So 'what what.' Sometimes we can't do it  
134 immediately because the session they want is full or but we  
135 want to (ask) giving them the choices. Rather than control I  
136 [think.  
137 R [Umm  
138 D You know it's. I think I don't like the word control anyway.  
139 So(h)rry [huhuhu, it's it's quite a harsh  
140 R [No that's fine.  
141 R Umm  
142 D You know I don't think, again it's erm I think we give choices  
143 as much as we possibly can. But sometimes it's not as easy.  
144 Again [(-) (I mean it's)  
145 R [Can you think of a. Can you think of any situations  
146 where it's not so easy? Can you describe any?  
147 D Well of basic things like erm (-) think (-) maybe they want to  
148 go downtown, they want to go to the pub they want to do this  
149 (-) some can do this quite easily, others need staff support and  
150 if the staff's not there you know if say the unit is short staffed,  
151 it can't happen. (R Yeah) That that type of thing, erm they  
152 might want to go out but there isn't a minibus. (R Yeah)  
153 Huhuhu basic things like that [(-) erm  
154 R [Umm  
155 D takes away the choice. (R Umm) We're not short staffing  
156 takes away a lot of choice. (R Umm, tricky) Huhu yes it is  
157 extremely tricky. (R Yeah) Because practicalities erm rule  
158 rather than (-) what we would like to happen (R Umm) Er (-)  
159 I think I think we try to do as best as we can given (-) all the  
160 things that are stopping them.

Here it can be seen that she draws on practicalities which are constructed as both internal and external social obstacles to increasing client choice. Between lines 132-133 she uses reported speech (Holt, 1996; Wooffitt, 2001) to demonstrate how choices may be given within the context of sessions in the day-centre. Increasing choices is talked about as a desire (134-5 and 142-3), something staff would ideally like to be able to do. However, obstacles such as sessions being full (134), there not being a minibus (152) and short staffing (155) may limit the extent to which this desire is fulfilled. These are environmental or external barriers to choice which are

obstacles that staff work around. This is demonstrated by the way in which Delia states ‘sometimes we can’t do it immediately,’ which suggests that it is something that can be overcome at a later stage. The way in which obstacles prevent staffs’ desire (to increase choices) from being realised is emphasised by Delia here ‘practicalities rule rather than (-) what we would like to happen.’ However, as seen in the extract above, the lack of success in giving choices (142-3) is presented in a manner which mitigates against staff being responsible or at fault. In accordance with this, Delia also argues against the word ‘control,’ stating that it is ‘harsh.’ This is presented within the context of staff doing as much as they possibly can (142-3) and indeed its acceptance from the interviewer (140) indicates that Delia successfully manages staff blame and pulls off a self-presentation as a facilitator of client choice.

Internal factors are also presented as barriers to choice. For example, Delia notes that ‘those who (-) are able to choose, get they choose,’ which implies that as a result of their impairments, those who are less able have less choice. However, it could be that this is also a practical barrier to choice whereby residents who are constructed as less capable may have difficulty in having their preferences understood by care staff. Additionally, they may be given fewer opportunities to have their wishes fulfilled. Indeed this is demonstrated between lines 147-151 where Delia combines both internal and external obstacles to choice. Here she states ‘some can do this quite easily, others need staff support and if the staff’s not there you know if say the unit is short staffed, it can’t happen.’ This combination of presenting internal and external factors has the effect of maintaining a positive staff identity. Staff are able to express a laudable desire to increase the choices of residents. However, they cannot be held accountable when ‘sometimes it’s not as easy’ to do this, since as mentioned above, understandings of practicalities as determined by internal factors limit the extent to which staff are able to increase choices. In the words of Delia ‘I think we try to do as best as we can given (-) all the things that are stopping them.’ Note how she refers to things that are stopping ‘them’ here rather than things that are stopping the staff, which again has the effect of apportioning blame away from carers. Thus a practicalities repertoire is engaged in to excuse why staff cannot give choices to some residents. Constructions of a lack of choice because of internal factors or environmental factors allow staff to continue to position themselves as facilitators of

client choice. However, they cannot be held responsible for the obstacles they encounter when promoting choices and control.

### **4.3.3 Mixing Increased Autonomy and Practicalities Talk**

In the analysis above I have tried to demonstrate how participants drew on two competing interpretative repertoires (increasing autonomy and practicalities) and the different functions that were achieved by both. It was also found that all the interviewees drew on both repertoires simultaneously in their talk. Often participants would strenuously appeal to the liberal philosophies of rights and choices characteristic of the increasing autonomy repertoire, but counteract it almost immediately with practical considerations. For example, in Extract 7 Claire has been talking about how she sets boundaries when trying to increase the choices and control of service-users. She states:

#### **4.3.3.1 Extract 7 Claire-Lines 1019-1022**

|      |   |   |
|------|---|---|
| 1019 | C | Erm (-) I'm just a firm believer it's their home, not ours. And     |
| 1020 |   | it's their lives not ours. And that all we can do is facilitate (-) |
| 1021 |   | what they want and what's safe and (-) try and make them safe       |
| 1022 |   | and not vulnerable.   |

Claire begins by using contrasts between 'theirs' and 'ours' twice in the first two lines, in a manner which mitigates against what she does next. Here she almost immediately follows this up with practical considerations of service-user safety and vulnerability in a three part list format (Jefferson, 1990) which also includes facilitating what they want as the first part of the list (1021). This has the effect of presenting practical considerations as a natural component to increasing service-user choices and control. Claire's duty as a staff member is to facilitate 'what they want and what's safe.' By using a three part list in this manner the fact that these obligations might be incompatible is obscured and presented as two facets of the same thing. Therefore, she is able to manage the dilemma of giving choices whilst protecting client safety.

Additionally, the way in which she engages in practicalities talk immediately after increasing autonomy talk parallels what Wetherell et al (1987) termed a 'practice/principle rhetorical device,' whereby a speaker expresses an important

principle but simultaneously raises an objection which renders the principle impractical in that situation. In the analysis of the extracts which follow, it could be seen that increasing autonomy discourse and practicalities talk were often mobilised together, with the effect of limiting the extent to which choices and control could be given in different situations. However, here Claire makes these competing discourses compatible by presenting them as part of the same agenda.

The incompatibility of increasing autonomy repertoires and practicalities talk can be seen in Extract 8 where the conversation follows from Fiona telling me she would support the idea of people with learning disabilities having relationships and children, as long as certain conditions such as support systems were in place.

#### 4.3.3.2 Extract 8 Fiona-Lines 898-909

- 898 R Would you feel the same if erm (clears throat) if the (-) er clients  
 899 who wanted children were less able or less sort of aware or had  
 900 less understanding?  
 901 F (Tuts) I think yeah, I think I would have to say yes to be honest, I  
 902 think it would be (-) erm I mean then it gets into the realms of  
 903 eugenics aren't you [really? (-)  
 904 R [Huh  
 905 F Erm (-) I mean (-) (tuts) I'm thinking (-) I think really everybody  
 906 should have the right to have a child if they want to, however the  
 907 practicalities (-) often don't allow for that. And I mean, I really I  
 908 really don't know. (R Umm) Part of me thinks yes and part of  
 909 me thinks tha(h)ts really unpra(h)ctical.

The dilemmatic nature of drawing on both the principles of increasing autonomy and practicalities talk are obvious here and according to Wetherell and Potter (1992) could potentially afford the speaker much argumentative power. Fiona draws on the same liberalistic statement (906- everybody should have the right to have a child if they want to) as Irene in Extract 3 under the subheading 'increasing autonomy.' This statement was encountered on several occasions in participant interviews and perhaps serves to highlight the dominance of such liberal discourses of care today. However, though Fiona says, 'I would have to say yes,' and appeals to the interviewer for affirmation (903) in a manner which seeks to enlist support, she finally draws on practical considerations to challenge the idea. It could be that this is produced by my question, which is orientated towards a practicalities discourse. For example she states, 'to be honest,' (901) which signals that she has presented a truth or reality that lays challenge to my question. Additionally, Fiona again uses an extreme-case

formulation (Pomerantz, 1986), referring to the eugenics movement as the consequence of denying people with learning disabilities the right to have children. Reference to such a bleak period in the history of people with learning disabilities is effective for making a case in support of the idea of allowing them to have children. However, she also states ‘I really really don’t know,’ (907-8). This, according to Abell and Stokoe (1999) and Wetherell (2001), is a method of doing ‘stake inoculation,’ which enables speakers to appear disinterested and unbiased. Here it is used to enable Fiona to position herself as disinterested when advancing a practicalities discourse. Thus, though Fiona appears to value liberal arguments against for example eugenics, the mobilisation of practicalities talk weakens the case she is making. Consequently she is able to position herself as respecting both agendas of increasing client choices whilst simultaneously accounting for practical considerations.

In extract 9 (and later in 16) certain medical understandings were drawn on, paralleling an individual model of disability (Oliver, 1996), which positioned people with learning disabilities as, for example, incapable, irresponsible and vulnerable. These operated in conjunction with practical considerations to naturalize and justify a continued denial of choices and control. Throughout her interview Delia explicitly stated that the idea of increasing choices and control had her full support ‘in theory.’ However she maintained that in practice the idea came up against ‘great big obstacles.’ Extract 9 is an example of one of the instances where this was argued. Here she discussed her thoughts on allowing service-users to have control over their money.

#### 4.3.3.3 Extract 9 Delia-Lines 493-507

- |     |   |   |
|-----|---|---|
| 493 | R | Erm, the Government have also looked at erm giving direct           |
| 494 |   | payments to people with learning disabilities so they can           |
| 495 |   | control their own money. Erm what do you think about that?          |
| 496 | D | I think it’s (-) theory (word) again the idea is great because it’s |
| 497 |   | giving them the ability and the (where of all) to choose. But to    |
| 498 |   | be fair it depends on their level of disability because some of     |
| 499 |   | our clients couldn’t. So what happens then to the money, who        |
| 500 |   | chooses? You know I think that choices, these choices would         |
| 501 |   | need to be made for them. (R Umm) I think they they need to         |
| 502 |   | start learning numeracy sessions huhuh, because some of them        |
| 503 |   | could just go out and blow it on fags, to be perfectly, to BE       |
| 504 |   | HONEST. There are smokers here there are you know erm               |
| 505 |   | and they would see it as heyyyyy. I’m not saying they would         |

506  
507

do all that to all their money but if they had more money they  
would spend it.

There are several ways in which Delia puts together a persuasive account here, which has the perhaps inadvertent effect of sustaining service-user dependence on care staff. As seen in previous extracts the ‘practice/principle rhetorical device,’ comes into play where Delia begins by strongly affirming the idea of allowing service-users to have control over their money. However, this statement is perforated with dilemmatic words such as ‘theory’ and ‘idea,’ which Billig et al (1988) argued could carry much argumentative potential. Correspondingly the expression of support for increasing control also acts as a disclaimer (Hewit and Stokes, 1975) for what follows, ‘these choices would need to be made for them’ (500-1). The effect is that because Delia positions herself as an enlightened individual, ‘the idea is great because it’s giving them the ability and the (where of all) to choose,’ she is able to produce more convincing practical arguments which destroy the concept of enabling choice and control. Therefore Delia *would* support the idea of allowing people with learning disabilities to control their own money, *but* ‘some of them could just go out and blow it on fags.’

Secondly, as well as explicitly stating that ‘choices would need to be made for them,’ Delia also positions certain service-users as lacking capability. She notes that consideration would depend on ‘their level of disability.’ She additionally describes certain behaviours which position residents as irresponsible and impulsive. For example she states that ‘some of them could just go out and blow it on fags,’ and ‘if they had more money they would spend it.’ Here an extreme negative case is given to justify why choices need to be made for clients. This contrasts the extreme positive case seen in extract 3 under increasing autonomy talk. However, she talks about giving them numeracy sessions, which offers up identities of service-users as people who are in need of skills training (501-2). This claim contradicts the previous statement that ‘choices would need to be made for them,’ and is reminiscent of the ideological dilemmas proposed by Billig et al (1988). Such a presentation of the dilemmatic nature of social beliefs allows for several functions. For example Billig et al noted that by expressing contrasting beliefs simultaneously, a speaker could maintain the appearance of reasonableness, whilst continuing to uphold a strong

argument. In addition, they could also ward off negative criticism. Therefore, by proposing a potential way of enabling clients to gain control of their money Delia may be demonstrating that she has considered ways around the problem. This again functions to make her account appear more reasonable and balanced. Furthermore, the use of the statement, 'to be perfectly, to BE HONEST,' allows her to present potentially disagreeable information under the guise of truth and reality. However a show concession (Antaki and Wetherell, 1999) towards the end of the extract (505-7) I'm not saying they would do all that to all their money), marked with the concession marker 'you know' and the reprise marker, 'but,' ensures that Delia successfully manages stake whilst defending her claim against allowing service-users to have control over their money.

The following extract is an example of how an interviewee used the concession/criticism disclaimer format (Wetherell and Potter, 1992) in her talk to manage the dilemmatic situation of increasing service-user autonomy and providing good quality care. This is when a moral value becomes undermined by talk of another often incompatible one. For example, in their analysis of racist talk of Pākehā New Zealanders, Wetherell and Potter (1992) observed that participants supported the rights of Maoris activists to protest. However, this endorsement was undercut by participants' simultaneous complaint that protestors infringed on their own rights by going too far. Here, interviewees usually followed up increasing autonomy talk with another worthy moral value. This tended to draw on other important service philosophies relating to staff identity of having a duty of care, which can be traced back to Government objectives of improving the quality of services by for example 'enabling people with learning disabilities to lead lives safe from harm and abuse' (Department of Health, 2001; p. 91). By using this disclaimer format, speakers were able to ward off any negative attributions associated with voicing opposition or challenges to giving choice. It also demonstrates the puzzling out of an ideological dilemma (Billig et al, 1988) between the rights of people with learning disabilities to have more choice and control over their lives and the practical concerns of protecting vulnerable adults. However, despite the importance of this second moral value, the way in which it was employed in talk functioned in a manner similar to practicalities talk. Indeed as is demonstrated below, it was frequently presented as a practical consideration against increasing rights and choices. The following extract continues



from Extract 6 above where Delia was talking about how practicalities determine the extent to which staff are able to implement philosophies such as increasing service-user autonomy. I have just asked her about the issues involved in allowing residents to eat their favoured choice of food.

#### 4.3.3.4 Extract 10 Delia-Lines 178-203

178 D Erm, yet again the (-) there are choices. Erm there is a menu  
 179 erm, there is always a choice erm and. Yes I suppose it is put  
 180 'would you like, or would you like or would you want to come  
 181 and see what you would like?' (R Umm). That type of thing,  
 182 choices. But you're up against as well there are clients who  
 183 would eat cheese and chocolate all day. (R Huhu) And  
 184 you've got a duty of care where you can't let th(h)em ha(h)ve  
 185 th(h)at. (R Yeah) For their own health. So (-) we have  
 186 clients who there are things disagree with them (R Umm)  
 187 even though they might want them, (-) erm so (-) it all goes  
 188 back to choices, choices yes but healthy eating we tend to (-)  
 189 we prefer.  
 190 R Yeah. How does how does your duty of care make you feel  
 191 though in terms of achieving more independence for them?  
 192 D Well hopefully its erm talking to get them to understand (-)  
 193 that (-) that that type of food isn't is not actually good for you.  
 194 Erm it will do this, it will do this it will do this and if you can  
 195 actually (.) get erm get an understanding going of what is good  
 196 to eat and a healthy lifestyle, (-) you're actually giving them  
 197 the independence to a healthy with a healthy lifestyle be able to  
 198 do more. (RUmm). So i I see it as a p a positive (-) way. You  
 199 know we can't say 'you cannot have that because we don't  
 200 think you should have it.' (RUmm). But again we have to be  
 201 aware that the units erm phone down and say 'well so and so is  
 202 on a healthy eating diet.' So we have to go with the healthy  
 203 eating.

In the opening lines of this extract the availability of choice is explicitly stated three times. Not only is it epitomised by the word 'menu,' (178), it is also emphasised with an extreme case formulation, 'there is always a choice.' In addition using reported speech in a manner which authors her own words (Goffman, 2001) Delia also adds warrant by demonstrating how she personally presents clients with more choice. This is done using a three-part list (Jefferson, 1990) 'would you like, or would you like or would you want to come and see what you would like?' which gives the sense that an exhaustive range of choice is systematically offered. Nonetheless this becomes invalidated by what follows. At the end of extract 6 which precedes this excerpt, Delia states, 'I think we try to do as best as we can given (-) all the things that are stopping them.' This is followed in this extract with (182-3), 'But you're up against as well there are clients who would eat cheese and chocolate all day.' Here she builds

on an earlier construction mentioned briefly in extract 6, of service-users as lacking comprehension and understanding. This is consistent with the moral obligations she introduces next, and its implications for allowing freedom of choice 'you've got a duty of care where you can't let th(h)em ha(h)ve th(h)at. (R Yeah) For their own health.' This acts as a concession/criticism disclaimer format, which functions to nullify her initial claim of facilitating client choice. It is also notable that Delia presents an 'extreme negative case,' 'clients who would eat cheese and chocolate all day,' to bolster her argument that her duty of care would not allow them to do that. This was a frequent occurrence in the interviews and can be seen in extracts 9, 14 and 20. Staff rarely described marginal incidences of increasing choices and control. Moreover, positive examples of empowerment were also rarely described (although one can be seen in extract 3 under increasing autonomy talk). The implications of this, however, are that such extreme and irrational cases could function as powerful negatives against empowerment.

The way in which Delia justifies removing choice with her concern for her clients' health positions her as a responsible carer and exemplifies the moral and ethical values of western society of providing compassion, protection and treatment to individuals or groups of people categorised as 'sick,' 'vulnerable,' or 'disadvantaged' (Agich, 1993; Thomasma, 1984). Moreover, as seen in some of the extracts previously, Delia is able to preserve the factuality of her account of practical constraints constructed as moral obligations by continuing to maintain a liberal stance with the disclaimer (Hewitt and Stokes, 1975), 'choices yes but healthy eating we tend to (-) we prefer.' However, this disclaimer also gives a sense of a bounded empowerment. Therefore, though Delia endorses giving choices, this has to be within a limit of healthy eating. This was often observed in staff interviews, particularly in talk on health, safety, normalisation and risk. It is possible that this bounded empowerment is one of the ways in which staff realize both goals of increasing choices whilst also maintaining a certain standard of care.

It seems at this point therefore, that concerns over health are privileged over increasing freedom of choice. As has been observed throughout this section examining mixing increased autonomy and practicalities talk, the two principles of increasing autonomy and providing good quality care are incompatible with each

other. Between lines 190-1 I ask Delia about her feelings towards her duty of care in relation to also being required to promote independence. It is possible that my question implicitly evokes a subject position of carer rather than empowerer. Note how Delia works to resist this. Firstly she positions herself as a facilitator or instructor. Meanwhile, increased autonomy becomes constructed as something achieved through guidance and the expressed belief that independence can be obtained through a supported healthy lifestyle, 'you're actually giving them the independence to a healthy with a healthy lifestyle be able to do more. (R Umm). So i I see it as a p a positive (-) way.' However, service-users continue to be positioned as lacking understanding. Thus it would seem that the goal is empowerment, but, within the bounds of a healthy lifestyle.

Between lines 198-203 Delia again uses a concession/criticism disclaimer format. However, this time it is worked up in a different manner. Here, rather than employing repetition and extreme case formulations as above, she draws on increasing autonomy talk as an irrefutable ruling principle. This was seen previously in extract 2 where Claire argued that she could not allow staff to influence residents with their own moral values. Again reported speech is used 'we can't say 'you cannot have that because we don't think you should have it' (199-200), which has the effect of preserving the integrity and authenticity of the utterance. Of significance is the way in which Delia aligns herself with this utterance, 'we can't say,' (199) which affords her the position of being aware of her responsibility to increase choice. A linear reporting style (Volosinov, 1986; cited in Maybin, 2001) is also used on presentation of the disclaimer, 'But again we have to be aware that the units erm phone down and say 'well so and so is on a healthy eating diet.' However, in contrast to the reported speech (199), this is employed to clearly distinguish between the voice of Delia and that of others. Here she is referring to the way in which carers of service-users on various units sometimes call her at mealtimes when she is working in the day-centre to inform her that certain residents are on a healthy eating plan. The effect here is that though Delia is aware of her duty to increase client choice, (199) she constructs the responsibility of doing so as out of her hands when 'the units phone down.' Simultaneously, however, it can also be seen that the implementation of healthy eating triumphs whilst that of increasing choices slides into submission.

#### 4.3.4 Risk

There were two distinct ways in which risk was talked about. One way involved maxims such as ‘risk is part of our lives,’ and ‘there are risks that you need to take.’ This way of talking about risk was only found in a handful of interviews and appealed to the notion of personal growth and self determination, characteristic of the increasing autonomy talk. However, speakers who drew on this repertoire of risk were also seen to engage in another repertoire where it was constructed as a practical consideration or as something that had to be avoided or balanced against increasing choices and control. This way of talking about risk was found in all interviews and was reminiscent of a section in the Green Paper, ‘Independence, Well-Being and Choice,’ called ‘Managing Risk,’ (Department of Health, 2005). In this section, it was noted that though a high value is placed on increasing autonomy, for some people in receipt of social care, with ‘varying capacities,’ (p. 28) this is not always possible. Therefore it is the responsibility of social care to ensure that the framework of protection is not jeopardised: ‘There is a balance to be struck between enabling people to have control over their lives and ensuring they are free from harm, exploitation and mistreatment’ (p. 28). In accordance with this many speakers who engaged in talk of risk as a practicality simultaneously engaged in increasing autonomy talk.

The following two extracts illustrate how risk is constructed as part of increasing autonomy talk. For example in the extract below, Neil and I have been talking about enabling people with learning disabilities to gain employment. Neil has been showing support for the idea. Drawing on practicalities repertoires, I ask him if he would feel the same if the people in question were perceived to be more at risk. This is how he responds:

##### 4.3.4.1 Extract 11 Neil-Lines 490-492

490     N        Umm yeah, why not? Risk is in every part of our lives, our  
491                everyday lives, if they can deal with risk why not, they should  
492                be allowed to.

He begins by responding positively and follows this up with his own question ‘why not?’ This has a dismissive effect with the sense that he does not want to take up the problem I have brought into question. In this way he resists the subject position being offered of hindering client choice and control through a practicalities talk repertoire.

This accords with how he then continues to construct risk. He states ‘Risk is in every part of our lives, our everyday lives,’ which suggests that he categorises service-users as belonging to the category ‘us.’ (This category has been labelled ‘us’ here to correspond with Neil’s reference to ‘our lives’). Therefore, he draws on an ‘all the same,’ repertoire, which is compatible with the notion of allowing service-users to manage risk. Potter and Wetherell (1987) noted that inferences could be made between specific activities and category membership. This may be observable here. Neil talks about managing risk as a category bounded activity of the category ‘us.’ However, despite classifying service-users as ‘us,’ he nonetheless refers to them as ‘they,’ (491) which has the discursive effect of rendering them different. In addition, this reference to ‘they,’ is accompanied by the question ‘if they can deal with risk,’ which constructs some service-users as incapable and vulnerable. The implication here is that if deemed incapable of dealing with risk, then the risk should not be taken in allowing people with learning disabilities to gain employment.

Similarly, in extract 12 Grace has been describing herself as an activist. I have just asked her about the usefulness of this characteristic for her job and she explains that it is helpful for increasing her clients’ independence. During her explanation she brings in the notion of risk on several occasions. This extract exemplifies one of those occasions:

#### 4.3.4.2 Extract 12 Grace-Lines 73-87

- |    |   |  |
|----|---|--|
| 73 | G | So in that sense the activist side is good because it’s very much  |
| 74 |   | ‘right lets do this, ABC and we’re away.’ Cos I think if you       |
| 75 |   | sort of if you if you do reflect or theorise thing, things take    |
| 76 |   | longer (R Yeah) and then that inspiration and that moment is       |
| 77 |   | gone. Erm and making choices and being independent is about        |
| 78 |   | that moment (R Umm) and you know yes it’s sometimes a              |
| 79 |   | risk but then life’s a risk. You know I think if we don’t take     |
| 80 |   | risks we wouldn’t be able to live                                  |
| 81 | R | [Huh   |
| 82 | G | [So it’s it’s very much about that spontaneity thing. And I        |
| 83 |   | think you have to have some activist in you to do that.            |
| 84 |   | Because if if you didn’t you’d stop at ‘oh no we can’t do that,    |
| 85 |   | oh no that might happen.’ And sort of ‘oh what if.’ And you        |
| 86 |   | start thinking like that then you lose that moment, so I think the |
| 87 |   | activist side is good for that.                                    |

Between lines 78-80 Grace’s discussion focuses on risk. Here, she begins by noting that risk is ‘*sometimes*’ (italics added) part of making choices and being independent, however this is almost immediately elevated to ‘life’s a risk,’ and then more

extremely, 'I think if we don't take risks we wouldn't be able to live.' This gradual elevation of the importance of risks possibly serves to make Grace's account more persuasive. It also makes risk as a part of making choices seem insignificant when considered in contrast to its importance to life. Moreover, the use of a category 'we,' in 'if we don't take risks we wouldn't be able to live,' draws on the 'all the same' discourse of including people with learning disabilities into a broader category of human beings and suggests that if they did not take risks, they too would not be able to live. This talk can therefore, be seen to be part of increasing autonomy repertoires of allowing personal growth.

As mentioned above, this account is also embedded in a description of being an activist. Grace's description of an activist gives the impression that choices need to be made impulsively or 'spontaneously' (82). For example, she notes 'if you do reflect or theorise thing, things take longer and then that inspiration and that moment is gone.' In addition, in a three part list format (Jefferson, 1990) she notes that if you don't have some activist in you, 'you'd stop at 'oh no we can't do that, oh no that might happen.' And sort of 'oh what if.' The effect of this three part list shows that without spontaneity it is only possible to see the drawbacks of increasing choices. Therefore, if risks are considered too deeply, residents may not be allowed much opportunity for personal growth. Perhaps this is why risk is played down as only being 'sometimes,' a feature of making choices and being independent. Conversely, had its importance in decision making been played up, Grace's conduct as an activist to dismiss risk could be regarded as irresponsible and counter to her duty of care. It is also noticeable here that being an activist is constructed as an internal factor, 'you have to have some activist in you.' This works in conjunction with the use of reported speech (Holt, 1996; Wooffitt, 2001) in the three part list (84-5) to allow Grace to create distance between herself and an alternative identity of someone who considers risk and therefore denies choices. There is a sense here that the consideration of risk allows for the practice/principle rhetorical device to come into play with the effect of limiting choices and independence.

The next extract follows almost immediately from the previous extract on risk. However, in contrast risk is constructed here in a radically different manner from that seen above. Grace continues her discussion from the above extract by distinguishing

how this account of risk is more suitable for clients who are described as semi-independent. However, she asserts that it would be inappropriate for service-users who require more personal care. Here she returns to her description of the semi-independent resident group. However she now talks about risk as something which needs to be considered.

#### 4.3.4.3 Extract 13 Grace-Lines 108-118

108 G They all able to make now erm an informed choice and they  
109 also have the strength of character now to actually say 'no I  
110 don't want to do that.' So (-) they're very complicated in some  
111 ways (.) because we've given them as much information as we  
112 can so that they can make informed choices but sometimes  
113 they don't have the background or the understanding to realise  
114 that perhaps the choice they're making may be dangerous (R  
115 Umm) and obviously a risk's fine but when you're bordering  
116 on dangerous then more information needs to be given on a  
117 level that they understand so that they can rethink their  
118 choices.

In the above extract risk is constructed as a practical consideration which functions within the practice/principle rhetorical device (Wetherell et al, 1987) to justify persuading service-users to make alternative decisions (115-8). This contrasts with how it was constructed in the previous two extracts and again takes the form of an ideological dilemma. As Billig et al (1988) noted, many terms come in 'antithetical opposites which enable opposing moral judgments to be made. The risk-taker can be described as reckless or courageous: The conservative decision-maker can be labelled timid or prudent' (p. 16). Between lines 108-110 Grace begins by constructing service-users as capable ('They all able to make now erm an informed choice') and assertive (they also have the strength of character now to actually say 'no I don't want to do that'). Here reported speech is also used (109-110) which has the effect of carrying more weight than a simple assertion made by Grace herself (Holt, 1996)). In addition, the use of the term 'strength of character,' indicates that she views this positively, thus invoking an increasing autonomy discourse. The way in which she says 'now,' in both of these statements also suggests that this has been achieved over time, with staff assistance 'we've given them as much information as we can,' which therefore implies that in her opinion, there have been successes in increasing service-user independence.

However, from line 110, Grace continues in a manner which reverses proceedings, describing service-users now as ‘complicated.’ This functions to justify her inconsistent subsequent constructions of them as lacking understanding and not having experience (‘they don’t have the background or the understanding to realise’). Through a practice/principle rhetorical device, such constructions operate in conjunction with practical considerations such as danger and risk to naturalize and justify a continued limitation of freedom of choice through a desire to persuade service-users to make alternative decisions. Thus practicalities talk ensures that the principle of increasing service-user independence (perhaps by taking necessary risks), remains an ideal. Towards the end of the extract (115) Grace uses a disclaimer (Hewitt and Stokes, 1975), ‘a risk is fine,’ enabling her to deny giving choices on the basis of danger and lack of understanding, whilst continuing to re-state her earnest belief in the importance of risks for increasing independence. What is more, this statement seems to verify that the increasing of choices and control operates within a bounded frame of empowerment. Therefore Grace’s statement, ‘a risk’s fine but when you’re bordering on dangerous,’ suggests that the increasing of choices and control is fine as long as service-users are safe. It also distinguishes between risk (which is mild) and danger. This bounded empowerment was similarly seen in extract 10 above, in Delia’s description of allowing residents to make their own choices within the constraints of what is deemed to be healthy.

As a final point, the very nature of ‘informed choices’ (112) should be questioned. This is a phrase which is seen in a large proportion of the interviews and involves giving residents information to make their own decisions. However, it is perhaps important to consider the nature of this information. For example what does it consist of? When is it given? What is the implication of giving such information? Van Hooren et al (2001) developed four conceptions of patient autonomy based on Emanuel and Emanuel (1992)’s model of physician-patient interaction. One of these approaches is called the deliberation model and involves providing information to help service-users to determine the most suitable options for her or his well-being. The service-users own values are treated as ‘open for development and revision through moral discussion and deliberation’ (van Hooren et al, 2001; p. 563). Therefore, the physician can advise and recommend that some values are more worthy and should be aspired to. Here Grace talks about giving residents more



information so that they are able to ‘rethink their choices.’ This giving of more information between lines 116-117 is couched in the lack of understanding of service-users. However, it could be interpreted that this construction is used as a justification for developing and revising the choices of residents in line with staff approval. This can be seen by the use of the phrase, ‘more information needs to be given on a level that they understand so that they can rethink their choices.’ It could also perhaps be inferred that residents are being trained to make decisions that staff would make for them or being persuaded to make choices deemed to be more appropriate. On the other hand, it could be argued that enabling service-users to make ‘informed choices’ accords with Ferguson’s (1987) notion of autonomy through ‘interdependent living’ (see Chapter 2, section, 2.3.1).

In the next extract Barbara has been describing how compromises would have to be made in allowing someone with weight problems to choose what they eat. I have just asked whether risk and safety is sometimes considered more important than giving choices. This is how Barbara responds:

#### **4.3.4.4 Extract 14 Barbara- Lines 491-512**

491     B       (-) (Sighs) I would be most annoyed if somebody took my  
492             choices away from me and my rights. (R Umm) But I think (-  
493             ) I mean I just found out I have high cholesterol. So I got to  
494             change my (-) because I got twenty percent of having a heart  
495             problem and it killing me. But how do you say that to  
496             someone who has disabilities and that can’t comprehend (-  
497             ) what you’re saying and then those lines I can say that can’t I,  
498             it’s my problem. If I choose to eat all the wrong foods and die  
499             of a heart attack because my arteries have furred up with (-  
500             ) cholesterol and all the rest of it but how can you put that across  
501             to (.) someone who hasn’t got the knowledge, the  
502             understanding (R Umm) that situation. And it is a fine line  
503             between rights and choices (R Umm) and taking risks. But if  
504             the evidence is there, that you as a resident is eating all the  
505             wrong foods and we just saying okay then because it’s your  
506             rights and choices, are we killing them? (R Umm) Where  
507             does the where does the fine line come in where we (-) do have  
508             to maybe say ‘no you can’t do that.’ I can’t I can’t you know I  
509             can’t be giving you this food knowing there’s a possibility (-  
510             ) you know if you’re diabetic, went into a coma, didn’t come  
511             round, erm and furring up you’re arteries and it’s gonna kill  
512             you.

Barbara begins by resisting the subject position being offered to her, drawing on the taken for granted strength of rights and choices discourse to express annoyance at its

potential infringement. She then goes on to invoke a practicalities repertoire using various rhetorical devices to make her account seem reasonable and persuasive. Between lines 493-502, Barbara advances an account of a personal (non learning disabled) heart condition as an example, to frame her arguments in terms of what Sacks (1989; cited in Horton-Salway, 2001; see also Speer, 2002) referred to as two-class sets: learning disabled versus non-learning disabled, which allows her to make comparisons and contrasts. In this way, Barbara has ordered her world to put across a persuasive argument, which makes it well suited to Billig et al's (1988) ideological and dilemmatic discourse. By constructing herself as an autonomous and independent agent, 'I can say that can't I, it's my problem. If I choose to eat all the wrong foods,' she takes responsibility for her own choices in order to avoid a particular health risk 'If I choose to eat all the wrong foods and die of a heart attack because my arteries have furred up with (-) cholesterol'. This account based on personal experience of her heart attack serves to make her account less open to attack. Additionally using contrast structures (Hutchby and Woofitt, 1998; Potter and Wetherell, 1987 and Speer, 2002) she proceeds to draw the largest possible contrast between herself as an autonomous individual and 'their' position of lacking comprehension (496), knowledge, and understanding (501), which works to build up a convincing account. Moreover, this construction is used as a means of legitimising inferences that decisions should be made for them to avoid health risks (495-502).

Between lines 505-7, Barbara questions, 'because it's your rights and choices, are we killing them?' and 'where does the fine line come in where we (-) do have to maybe say 'no you can't do that?' It can be seen here that she uses various devices in an attempt to settle this question. For example, she refers to a 'fine line' dividing risks, rights and choices. This suggests that though rights, choices and risk may be separate issues, they are interrelated. By increasing rights and choices, the possibility of risk is also increased. It may also be a reference to the way in which staff operate within a bounded frame of empowerment, by allowing service-users to only make decisions within the realms of what is considered safe. Additionally Barbara draws on a practicalities discourse of 'acting in one's best interests,' where she states, 'I can't be giving you this food knowing there's a possibility (-) you know if you're diabetic...' (508-9). Finally the repeated use of an extreme case formulation, 'are we killing them,' and 'it's gonna kill you,' towards the end of the extract allows Barbara to

persuasively suggest that increasing service-user rights and choices could amount to murder. Once again the description of an extreme negative case is used to substantiate Barbara's claim that increasing choices could be dangerous, if not deadly and ultimately what could be stronger than denying choice because of murder?

#### **4.3.5 Imperfect Past to a Perfect Present**

This section examines repertoires about progression and focuses on how things have changed from the past with regards to increasing autonomy. For example, many interviewees gave descriptions of how the service environment was physically different in the past. A picture was also given of how clients were overprotected because they were perceived as vulnerable and at risk. Correspondingly, descriptions of staff resembled the 'old staff' theme, where they were described as limiting, regimented and more parental. Moreover, positive descriptions were given of the current institutional environment and how the changes reflect current policies of inclusion (see appendix 6 for glossary of terms) and the impact which this has had for service-users. These accounts correspond with Wetherell and Potter's (1992) description of a 'golden future' (p. 184) where history is re-presented as a movement from the imperfect to the perfect and the factors contributing to a golden future are presented as civilised values, charitable good-will and a desire to make things better for the 'less fortunate' groups. Therefore, history and society are portrayed as making improvements and becoming more rational and developed, whilst injustices are referred to as a thing of the past. Here, however, though interviewees made no reference to the future, there was a consistent focus on a negative past and a more desirable present. In addition, these changes were constructed as inevitable and automatic. This is evident for example in Barbara's comment of the obviousness of progression where she states, 'I've seen lots of changes at Sunnybanks. (-) Getting better obviously' (Barbara, 13-14). It is also consistent with Wetherell and Potter's acknowledgement that it is often found objectionable that such, 'taken-for-granted' progress should even be questioned.

As seen in a few extracts above, when choices and control are given, they are sometimes restricted by certain constraints, such as a consideration of practicalities and risk. This limited choice and control through a 'bounded empowerment,' could represent the current state of affairs for people with learning disabilities within this

service. Moreover, some evidence suggests that in some circumstances they may sometimes be denied choice. For example, Fiona in extract 5 explained that clients who had verbal difficulties could not choose when they go to bed. However, when situated within talk of a perfect present, the restriction of choices and control may seem incomprehensible and out of context. Thus it is hard to imagine that the past restriction on service-user empowerment could continue to occur in the better present.

In the extract below, Martha has been describing what the service was like thirty years ago when she was a child. I ask her how she would describe the changes she has seen:

#### **4.3.5.1 Extract 15 Martha-Lines 71-88**

- 71 R How would you describe the changes you've seen?  
 72 M Monumental huh. You know you know I can remember a time  
 73 again before I started working here when there was an ablutions  
 74 block, where the residents all stood, like a communal toilet and  
 75 washed. (R Oh right) and the toilets were behind. (R Umm)  
 76 They had a bath once a week. They changed their clothes once a  
 77 week. They actually were identified by a number as well as their  
 78 name. (R Umm) You know when you're talking about now,  
 79 huh compared to that [(-) it's monumental changes  
 80 R [Huh wow  
 81 M Since I've actually worked here it has been a much more gradual  
 82 change. (R Umm) In erm (-) you know again it's the whole the  
 83 whole structure of Sunnybanks changed. Whereas before it had  
 84 been a very much more a communal living, which was the  
 85 original precept behind Sunnybanks. It was very much more  
 86 small almost autonomous units. (-) And erm rather than this big  
 87 communal you will accept (-) the restrictions that we place on  
 88 you rather than 'what do you want to do?'

Martha begins by using an extreme case formulation (Pomerantz, 1986), 'monumental,' which immediately and strongly differentiates the past from the present and future. She repeats this again (79) after giving an account of the past which strongly draws on 'de-humanising' repertoires. For example, residents of the service are described as being identified by a number (77) and being permitted to bathe and change their clothing only once a week (76). Additionally, Martha describes how 'residents all stood, like a communal toilet and washed' at an ablutions block, which bears institutional connotations of army barracks. These images of the past are also reminiscent of two autobiographical accounts of the experiences of individuals with learning disabilities described by Bogdan and Taylor (1994) and resemble the problems identified in Government policy as disempowering. For

example in the White Paper 'Valuing People,' (Department of Health, 2001) it has been described how it was generally regarded as acceptable for people with learning disabilities to lead segregated lives in long-term institutions with extremely poor conditions. Now, however, policies are being implemented to enable service-users to lead full and active lives within the community. Therefore, it is perhaps unsurprising that Martha works to convincingly present these descriptions as part of the discontinued past. Indeed the persuasiveness of her account is indicated by the interviewer's response of 'wow.' (80).

According to Wetherell and Potter (1992) discontinuous accounts of history such as this, function to emphasise distance and firmly separate the past from the present. The present world is portrayed as having moved on, or to have made 'monumental changes.' Thus the alien past is characterised as primitive, and full of injustices and atrocities of history. In addition, Wetherell and Potter (1992) argued that these injustices become presented as enclosed in the past, making the present appear inherently better. It becomes difficult to imagine that disempowerment could continue today when in contrast to the past the present seems so much improved. In the second part of Extract 15, between lines 78-88 Martha works to present contrasts between the past and present. For example she says, 'when you're talking about now, huh compared to that [(-) it's monumental changes' Again using extreme case formulations, 'it's the whole the whole structure,' and 'very much more,' she firmly emphasises the differences between the past and the present. Moreover, she makes reference to a past where choice is characterised as restricted and described as 'communal' (86-88). In the present, however, it is described as a freedom to do as one pleases 'rather than this big communal you will accept (-) the restrictions that we place on you rather than 'what do you want to do?' Furthermore, from the use of the word 'communal,' it could be inferred that in the present, choices are more tailored to the individual. It is noticeable here also that the existing situation of choice is presented through reported speech, 'what do you want to do?' This gives the sense that Martha herself is the one offering the freedom of choice, which reinforces her subject position as a 'good staff,' advocating service-user choices and control. However, between lines 81-82 she talks about the current progress being gradual. Wetherell, Stiven and Potter (1987) cautioned that such a gradual, steady and

inevitable view of progress could serve to 'justify inaction and lack of personal responsibility' (p.69).

In the following extract, Barbara constructs institutional changes to facilitate choices and control as right, superior and distant from the past. However, some choices are still nonetheless described as dangerous (185).

#### **4.3.5.2 Extract 16 Barbara-Lines 175-190**

175            Yeah I think from (-) those early days there was just a mass  
176            change (-) and you know they are listened to. They are, they go  
177            out, they socialise, they go to all the places that they never used  
178            to go to. Erm down to the pub as well if they want to go to the  
179            pub. Down to the sea side, fish and chips. (-) Erm early days it  
180            was just a walk down town or maybe toiletry shopping in Boots.  
181            And that was the highlight of their week. (R Umm) So (-) you  
182            know things have evolved (-) erm and reading your piece of  
183            paper there (indicates towards participant information sheet) erm  
184            to the best of our abilities I think we do give choices. But then  
185            there is times when sometimes their choices would be dangerous.  
186            (R Yeah). So you know they were all we we do still have to be  
187            aware, because really they're living in Sunnybanks because they  
188            can't live in society, because they can't live at home with their  
189            parents and families, because they need higher need and their  
190            epilepsy is as their epilepsy is.

As in the above extract, the persuasive orientation of this account can be seen by how Barbara begins by using an extreme case formulation (Pomerantz, 1986), 'mass change,' which firmly positions the 'early days,' as a part of the discontinued past. In addition, her account is organised as a set of contrast structures (Hutchby and Woofitt, 1998; Potter and Wetherell, 1987; Speer, 2002), where the early days are compared to the present situation. Therefore, Barbara begins by presenting a positive and continuous or progressive image of how service-users are now able to lead fulfilled lives. For example she states, 'things have evolved,' which gives an impression of change where 'things,' are presented as the focus of change. In contrast this is compared to descriptions of the injustices of a discontinued past, substantiated by the statement, 'they go to all the places that they never used to go to.' Potter and Wetherell (1987) noted that contrast structures such as this are useful for eliciting audience appreciation. Therefore, by constructing her account in this manner Barbara may be attempting to demonstrate an indisputable and obviously positive portrayal of the current situation of the rights and choices of people with learning disabilities. However, the way in which she states, 'to the best of our abilities I think we do give

choices. But then there is times when sometimes their choices would be dangerous' cannot be ignored. This acts as a concession/criticism disclaimer format (Wetherell and Potter, 1992) (also described in extract 9), allowing Barbara to buy into the notion of increasing autonomy, whilst simultaneously privileging practical considerations of resident vulnerability and care over their rights and choices. It also offers up an identity of people with learning disabilities as vulnerable or at risk and positions her as their protector. In addition, Barbara, drawing on 'individual pathology' repertoires, constructs practicalities as internal, unchangeable differences within people with learning disabilities. For example, she describes residents as having 'no speech, doubly incontinent,' and 'their epilepsy is as their epilepsy is,' which gives the impression of it being an unalterable fact. This acts as a justification for their continued institutionalisation and segregation from the community, 'really they're living in Sunnybanks because they can't live in society' (187-190). In their study of sexist talk in the workplace, Wetherell et al (1987) noted that talk of a golden future could function to make patterns of inequality less discernible. Though Barbara in this case was describing the present situation of choices and control for service-users, this extract could perhaps serves to verify the pertinence of Wetherell et al (1987)'s concerns.

Thus it can be seen that discontinuous reports of history serve to close the door on accounts of past injustices and discrimination, whilst a continuous and progressive view of history towards a better present permits the view that society may become more advanced and civilised. It is possible that such a view of the present may also become associated by its progressive nature to Wetherell et al (1987)'s golden future. The danger is, however, that it seems unfounded to question the present status of rights and choices of people with learning disabilities, given its obvious improvements from the past. Through talk of an improved present, participants are able to again position themselves as liberal advocates of rights and freedom of choice, whilst as Wetherell and Potter (1992) noted, 'the critic is silenced' (p.185). It becomes difficult to imagine that past injustices could continue to occur in the present. However, Wetherell and Potter (1992) have warned that 'accounts which most effectively justify the status quo flexibly stress the continuity of good and the discontinuity of evil' (p.185). Therefore, there is a possible danger that staff may

become complacent in making improvements for service-users as a result of talk of a better present.

#### **4.3.6 Conformity and Normalisation**

In the following section people with learning disabilities are described as people who stand out and as a result are marginalised in society. Here staff drew on repertoires of normalisation which advocate the maintenance and attainment of non-deviant and normative behaviour as the ultimate concern (Wolfensberger, 1972). Wolfensberger was a major influence on the disability policy in the United States. The principle of normalisation was first proposed in Scandinavia by Nirjie in the sixties. However, it was developed by Wolfensberger in the seventies through the National Institute of Mental Retardation. It was first defined as, ‘letting the mentally retarded (sic) obtain an existence as close to normal as possible,’ (Bank Mikkelson, 1969; cited in Wolfensberger, 1972, p. 27). It has since been described as a duty undertaken by health and social care professionals ‘to elicit and maintain behaviours and appearances that come close to being normative as circumstances and the person’s behavioural potential permit,’ (Wolfensberger, 1972, p. 28). Therefore, standing out becomes a problem contributing to the marginalisation and social segregation of service-users, which has to be overcome. Staff are also responsible for increasing service-user independence to facilitate integrating them into society. However, a dilemmatic conflict arises between repertoires on choice and individuality and the principle of normalisation in that sometimes the choices that are made are incompatible with what staff consider to be normatively and socially acceptable.

This can be seen for example in the extract below where Harvey is describing a situation where a resident tried to personalise his Zimmer frame. He has just been describing the ‘imprudent’ behaviour of one of his clients, where he spent all the money in his bank account after he was given control over his cash card. This is how he continues:

##### **4.3.6.1 Extract 17 Harvey-Lines 905-942**

|     |   |  |
|-----|---|--|
| 905 | H | He’s all about trying to make himself look cool and stuff. Like  |
| 906 |   | that just sets him apart from everyone else. (-) So it doesn’t   |
| 907 |   | work. I can see what he’s trying to do and we do try and tailor  |
| 908 |   | that to make him more socially acceptable. Erm he’s got a        |
| 909 |   | walking trolley, like an old ladies shopping trolley to help him |



910 balance, when he's walking. (Coughs), and of course he's  
 911 personalised it by making it his own so it's got an action man (-)  
 912 thing with a microphone that makes siren noises or you can talk  
 913 to it. (-) It kinda makes sense because his justification is that  
 914 when he goes under the railway bridge, his trolley can't fit on the  
 915 pavement so he has to go [under so he has to make siren  
 916 R [Oh right.  
 917 H noises so that the cars always know he's coming around the  
 918 corner. (-) Ok I can see where he's going with that. Even has  
 919 flags draped all round it (RHmm) erm bungee chords wrapped  
 920 all round it, chains, keys, mobile phone holders. Erm (-) just  
 921 loads of tat stuck on it. He does like to think that his trolley's a  
 922 car [(-) and he goes and parks it in disabled parking  
 923 R [Umm  
 924 H bays and puts his disabled parking badge on that he's got for  
 925 himself. (R Umm) Erm so yeah he's quite a lot of work needed  
 926 to get here. I mean he's actually taken all the rubbish off his  
 927 trolley now erm not that we said it was rubbish but because we  
 928 explained that he came back one day and was very upset that  
 929 people, kids in the street had stopped him and laughed ok. (R  
 930 Oh) and he was really [cut up and crying about it. And so we  
 931 R [Umm  
 932 H was explaining 'yes is why though Danny because, (-) they have  
 933 not seen anyone else ever (-) pushing a trolley that looks LIKE  
 934 THAT' (R Umm) 'Ok it makes you unique. I mean everyone  
 935 does that themselves I mean personally my thing is doing up my  
 936 car. So I've put all shiny bits on my car and things like that.'  
 937 Erm (-) I don't go too far, was trying to define for him what  
 938 would be you know socially acceptable as it were. Erm and did  
 939 come through through to him in the end. On his own that  
 940 perhaps action man was er a bit you know past his age limit (R  
 941 Yeah) and so he took the rest of his stuff off his trolley. Erm (-)  
 942 so yeah slight progress we will get there in the end.

From the beginning of this extract Harvey shows his disapproval towards the way in which this resident chooses to express his individuality. He begins in line 905 by saying 'he's all about trying to make himself look cool and stuff,' and follows this by saying that the way in which he tries to set himself apart does not work. In addition, he uses devaluing descriptive terms such as 'tat' (921) and 'rubbish' (926). He then likens the residents' Zimmer frame, the object of his disapproval, to 'an old ladies' shopping trolley.' This comparison of a young man's Zimmer frame to an old ladies' shopping trolley, which represents another marginalised group in society, as well as the use of cheapening descriptive terms, has the effect of debasing the clients' efforts at being an individual. It also parallels Wolfensberger's (1972) construction of 'the deviant as an object of ridicule,' (p. 23), which perhaps serves to justify why Harvey then goes on to draw on normalisation repertoires. Therefore, his disapproval seems consistent with his responsibility to normalise his clients' behaviour.

However, what is noticeable in this extract is the carer's conflicting agendas and how these are managed using various rhetorical devices. Harvey's concerns not only include respecting the client's individuality but also making the client's actions more socially acceptable (907-908). For example, between lines 925-926 he explains how this resident has taken down the decoration from his Zimmer but that 'a lot of work was needed to get here.' Also he explains, 'so he took the rest of his stuff off his trolley. Erm (-) so yeah slight progress we will get there in the end' (941-942). This shows how this client is perceived as a person who needs to be taught and made to conform. However, it is set against another valid concern of increasing integration by offering opportunities for increasing independence by presenting the service-user with suggestions about normalising his behaviour. Between lines 928-930 he relays an incident where the resident came home upset because some children made fun of his frame. From the staff reaction (932-934) 'we was explaining 'yes is why though Danny because, (-) they have not seen anyone else ever (-) pushing a trolley that looks LIKE THAT' it could be interpreted that conformity is privileged over tolerance towards difference and individuality. However, Harvey's actions may also be seen as an intervention to help his client avoid social victimisation. This is reinforced in lines 936-7 where Harvey explains to his resident that personalisation is acceptable as long as it falls within certain societal boundaries, 'I don't go too far.' However, of significance is the way in which service-users are constructed as both inactive and active. For example, they are constructed as having no input in the changes required of them. It is the staff who are in control of deciding what is socially appropriate behaviour and what skills need to be taught. In contrast however, residents are represented as active agents of bad or inappropriate behaviours. This is analogous to a pattern of talk described by Agoustinos, Tuffin and Rapley (1999), whereby aboriginal people were constructed as inactive and passive agents, receiving extra aid whilst contributing little to society. In contrast any activity (such as fighting for equality) was attributed to unconstructive behaviours such as bringing up injustices of the past and making illegitimate claims to discrimination. Agoustinos et al (1999) warned that such patterns of talk construct aboriginal people as 'unproductive members of Australian society' (p. 372). There is therefore, a danger that similar constructions of people with learning disabilities as either active or passive in this way could also perpetuate an image of them as unproductive and foster continued dependence rather than independence.

Harvey's talk is also peppered with disclaimers (Hewitt and Stokes, 1975). For example he states, 'I can see what he's trying to do' (907), and 'It kinda makes sense' (913). Therefore, though his talk may be driven by a laudable responsibility to increase service-user independence through normalisation, he nevertheless uses disclaimers to present himself as reasonable and balanced. In addition he uses show concessions (Antaki and Wetherell, 1999) such as 'Ok I can see where he's going with that' (918), 'not that we said it was rubbish' (927), 'Ok it makes you unique. I mean everyone does that' (934-5). This allows him to defend his account by acknowledging the other side of the argument whilst appearing less dogmatic. Such a situation perhaps arises because of the incompatibility between goals of normalisation and those of increasing choices and independence through allowing service-users to express individuality. It is possible that as seen in several extracts above, Harvey manages this incompatibility by offering a bounded empowerment. Therefore, this service-user is allowed to express a certain amount of individuality, as long as it falls within the constraints of normality. However, it is also notable that Harvey does not present his efforts at persuading this resident as successful. For example this is seen through his use of the word 'try,' in, 'we do try and tailor that' (907-8). Furthermore, his comments suggest that there is a real sense of time and effort involved in persuasion, 'did come through through to him in the end. (938-9), and 'we will get there in the end (942). Finally his admission that 'slight progress,' (942) was made gives the impression that his efforts have not had the desired effect. Consequently it is possible that talk of this partial success at normalisation is also a way in which staff resolve both agendas of facilitating choice and normalising service-users.

A similar situation is described in the following extract which follows from Claire talking about setting boundaries when increasing the choices and control of residents. Her discussion moves on to letting them know the consequences of their actions. This is what she says:

#### **4.3.6.2 Extract 18 Claire-Lines 826-837**

|     |   |   |
|-----|---|---|
| 826 | C | I've got somebody who just loves to dress up. And come        |
| 827 |   | November he wants to go to college dressed as Father          |
| 828 |   | Christmas. (-) Now he's at Southampton College with normal    |
| 829 |   | teenagers, who can be quite (winces and gestures here as      |
| 830 |   | though anticipating something bad) can't they? (RUmm) Ern     |
| 831 |   | so you say to him, 'well ok, (-) you look a Pratt. But if you |
| 832 |   | want to wear that that's fine, these are the consequences,    |

833           people are gonna laugh at you, people are gonna do this.' I  
 834           don't say 'get that off and put something sensi,' I can't say  
 835           that, their rights and choices, but I let him know the  
 836           consequences of what ee's going ta, what could happen. He'll  
 837           still say 'no no no no,' and then come back.

It is immediately evident from this extract that Claire has a duty to normalise clients, whilst also respecting their rights and choices. As mentioned previously, these two agendas are highly dilemmatic and conflicting. However, Claire uses several rhetorical devices to overcome this difficulty. Her responsibility in endorsing the two agendas are shown by a three part show concession (Antaki and Wetherell, 1999), 'these are the consequences, people are gonna laugh at you, people are gonna do this.' I don't say 'get that off and put something sensi,' I can't say that, their rights and choices, but I let him know the consequences.' Thus Claire is able to defend her claim for normalisation, whilst presenting herself as committed to goals of increasing rights and choices. It could be argued that her commitment to the ideals of normalisation goes against the grain of increasing service-user choices and control. In fact, normalisation, and the processes through which it may be achieved, for example through behavioural modification programmes, has been criticised for being controlling (Roos, 1972). It has also been viewed negatively for perpetuating the oppression of devalued groups (Wolfensberger, 1995). However, Wolfensberger (1995) argued that normalisation not only involves teaching devalued groups to adopt certain cultural values but also changing some oppressive societal values to make them more tolerant and inclusive.

Claire's commitment to normalising her clients are also shown by her use of reported speech (Holt, 1996) throughout the extract (e.g. 831-834 and 837), which increases the authenticity of her account. In addition, as was similarly seen in a previous extract, the use of two class sets of normal versus abnormal are used here as a powerful discursive device for constructing the world, where people with learning disabilities are constructed as an oppositional contrast to the category of 'normal teenagers.' Moreover, as was observed in extract 17 above, Claire similarly describes the client in a manner which corresponds to Wolfensberger's (1972) depiction of 'the deviant as an object of ridicule' (p. 23). This additionally perhaps serves to justify her commitment to the principle of normalisation. However though Claire's explicit disapproval of her client's behaviour, 'you look a Pratt,' may act as deterrent against

allowing her resident to go out dressed as Father Christmas, she is careful to mention that she does not wish to remove his rights and choices ‘I don’t say ‘get that off and put something sensi,’ I can’t say that, their rights and choices.’ Nonetheless, this is followed by persuasive language, which Claire describes as ‘letting him know the consequences,’ that presents him with possible negative outcomes designed to discourage him from dressing up. Here Claire uses what Wetherell and Potter (1992) referred to as vivid and vague formulations, ‘people are gonna laugh at you, people are gonna do this,’ which increases the irrefutability of her account. Vague formulations are difficult to challenge, whilst vivid formulations allows for a certain impression to be formed. Thus Claire is able to dissuade her client from dressing up by providing him with certain consequences that enable him to make his own decision. This again parallels van Hooren et al’s (2001) conception of autonomy through a deliberation model, where, through moral discussions with carers, service-users are persuaded to revise their values.

As described previously, these extracts show a paradoxical conflict between repertoires of increasing choices and enabling residents to express individuality, whilst working towards goals of normalisation. Consequently staff are placed in a dilemmatic position of respecting two incompatible agendas. This discourse allows staff to work towards normalising service-user behaviour, whilst using various rhetorical devices to position themselves as increasing service-users’ independence. Therefore, through the use of disclaimers, show concessions and contrast structures, Harvey and Claire demonstrate an interactional awareness that they have a responsibility to both agendas. In addition, talk in extract 17 was orientated towards a partial success rather than full accomplishment of both goals. It is feasible that this partial success enables staff to manage the dilemmatic situation, thus ‘tailoring’ the behaviour of service-users to be more ‘socially acceptable,’ whilst positioning themselves as facilitators of choice and control.

#### **4.3.7 Solving Dilemmas**

Throughout this analysis recognition has been made of the many conflicts and challenges staff are confronted with when undertaking their roles within the service. It could be argued that if they aimed to successfully fulfil each obligation they would be embarking on an impossible task. This raises the question of what do care staff do

in such situations? This section examines how staff talk about the daily dilemmas of giving choice and control in different situations whilst being committed to other incompatible duties. In their discussion on teaching and learning, Billig et al (1988) described how the ideology influencing teaching practice is usually orientated towards a progressive, child-centred education, which is driven by values such as individual freedom of action. Therefore, education is conceptualised as a 'bringing out' of knowledge, rather than an imparting of it. Despite this however, teachers often find that their actual practice is torn between this model of teaching and that of more transmissional forms of education characterised by authoritarian constraints. This stems from a problem that it is difficult to elicit from children knowledge that is not there in the first place. Therefore, the distinction between these forms of teaching are not as clear in practice as they are in theory. Billig et al argued that such a dilemma, involving the contrasts between freedom and constraint, is not a feature of education alone but appeals to general political debate and polemic. They suggested that such oppositional philosophies are features of many theoretical positions within the social sciences. One example is behaviourism, where voluntary action is at odds with the psychology of control. It is possible that this situation is analogous to that faced by carers of people with learning disabilities where on the one hand they are responsible for ensuring that their clients are given more choices and control; however on the other hand they are expected to ensure that client decisions conform to certain other standards such as health and safety. Therefore, extending Billig et al (1988)'s discussion of self determination and social control in teaching and learning, staff talk on giving choices and control may, for whatever pragmatic reasons, be influenced by certain pre-conceived ideas of what resident decisions should be. Such ideas may give grounds for wanting to educate residents, not to elicit knowledge from them (as in the teaching context), but to persuade them towards making certain decisions over others. However, this may occur at the expense of service-user freedom of choice. This is similar to a situation described by Jingree, Finlay and Antaki (2006) in their discussion of how staff guide service-users into producing affirmations of service philosophies, at the expense of free expression, through the use of prompts and providing candidate answers. Therefore, in this context how do interviewees interactionally organise their accounts about these agendas to manage this dilemma?

One of the ways in which staff talked about managing clients' independence was by presenting them with negative consequences to the decisions they wished to make. This had the effect of guiding clients in a particular direction. For example in the extract below, Harvey was discussing what he thought about people with learning disabilities having children.

#### 4.3.7.1 Extract 19 Harvey- Lines 290-313

|     |   |   |
|-----|---|---|
| 290 | H | Erm yeah one of our girls upstairs was actually jus recently      |
| 291 |   | well about a year ago now been going out wis boyfriend from       |
| 292 |   | another sort of er care place just up the road. (-) Erm they've   |
| 293 |   | been getting on famously, erm but part of that was they needed    |
| 294 |   | er sex education for a start erm for stuff about erm pregnancy    |
| 295 |   | control and (-) you know and she was erm really curious and       |
| 296 |   | you know kept coming up to staff 'what would happen if I did      |
| 297 |   | get pregnant?' She was explaining (words) 'yeah ok if you         |
| 298 |   | want to, erm if you really want to get yourself (-) tied down to  |
| 299 |   | a baby at this time of your life when you should be enjoying      |
| 300 |   | yourself.' Now she's just got over a lot of her disabilities and  |
| 301 |   | things that were holding her back. So now she really is making    |
| 302 |   | sort of a fresh start. Erm we've done a lot of work between her   |
| 303 |   | and her parents (-) er to try and give her a more positive, she's |
| 304 |   | quite a negative person and. You know and then she's feel ill,    |
| 305 |   | she was revealing you know values I s'pose. (R Umm.) Erm          |
| 306 |   | but yeah I was just explaining that she may not be able to stay   |
| 307 |   | with us with a baby, might have to move and social services       |
| 308 |   | would get involved or something. (-) couldn't guarantee where     |
| 309 |   | you'd end up so we don't know if boyfriend would come and         |
| 310 |   | see you. Not try and paint it black to put her off [but erm (-)   |
| 311 | R | [Umm  |
| 312 | H | but explaining that (-) what may end up may not be the perfect    |
| 313 |   | situation that she probably had in mind.                          |

At the beginning of this extract it is immediately evident that Harvey's conceptualisation of 'getting on famously' is associated with needing 'sex education.' This can be seen by the way he describes needing sex education as 'part of that,' relationship. In addition, from his comment, 'for a start,' (294) it could be understood that sex education is required as a condition of their relationship. He describes sex education as comprising of 'pregnancy control,' which positions him as advocating birth control rather than encouraging pregnancies. This contrasts the client's perception of sex education as being an opportunity to learn what would happen if she became pregnant (296-7). Here Harvey describes the resident as 'curious,' and adjusts his footing (Goffman, 2001) to become the animator of her words. This allows him to present himself as neutral and distances him from direct accountability, which puts him in a better position to successfully defend his argument. Meanwhile

the resident is constructed as someone to advise and educate, which is what Harvey then proceeds to do, 'yeah I was just explaining.' What becomes noticeable is the way in which Harvey chooses to advise his resident. He avoids directly saying, 'no you can't have children.' In fact he states the opposite, 'yeah ok if you want to,' again using reported speech, which reinforces his speaker position as facilitating service-user choice. However, rather than following this with encouragement or advice, he provides her with negative consequences, 'if you really want to get yourself (-) tied down to a baby at this time of your life when you should be enjoying yourself.' This dissuasion continues from line 306 where Harvey gives very powerful negatives; for example the resident would have to move home, move somewhere unknown and may not be able to see her partner very easily. This account is perhaps the complete opposite of what this service-user envisages. Moreover it is a contradiction of the typical settled family life that is generally aspired to in Western society. Therefore, its bias towards negatives suggests that it is strongly intended to deter. Nonetheless, using a disclaimer, 'not try and paint it black to put her off,' Harvey is careful to point out that dissuasion is not his intention.

Between lines 300-305 Harvey gives an account which perhaps serves to justify his strong dissuasion. He notes that the service-user has now, 'got over a lot of her disabilities,' and is 'making sort of a fresh start.' This is consistent with his discouraging comment of getting tied down, 'at this time of your life when you should be enjoying yourself.' He also remarks that, 'we've done a lot of work between her and her parents.' This categorisation of himself as, 'we,' positions him as a staff member. In addition, between lines 303-4 he describes activities intrinsically linked to this category, whereby the resident is depicted as, 'quite a negative person,' and efforts have been made to make her more positive. Edwards (1991) noted that category membership is typically tied to specific activities, which allow speakers to make sense of their world. Thus Harvey's positioning as a staff member, involved in improving this resident is perhaps a way in which he tries to manage his dilemmatic situation. His description of his activities in assisting the resident in attaining a certain status act as justifications for why he proceeds to discourage her from the idea of having children. It could be understood therefore that if allowed to have children, this resident's progress and accomplishments could be reversed. However, Harvey is in a dilemmatic situation, where he is also responsible for enabling client choice.



Thus he orientates interactionally to this responsibility by ensuring that choice is not explicitly denied. Instead through the use of a disclaimer, presenting him as reasonable and even handed, he endeavours to deter the service-user from making certain decisions by presenting her with powerful negative consequences. In this way he is able to balance the dilemma in talk of increasing choice and also maintaining the client's progress.

Staff also talked about managing client independence by describing how they educate them. This was exemplified by the extract below. Many interviewees talked about presenting service-users with information and explaining things to them regarding their decision so that they were able to make an 'informed choice.' As mentioned previously, this relates to van Hooren et al's (2001) deliberative model of autonomy. Again the information provided could have the effect of guiding clients towards what staff perceived to be the right decision. Before this extract Irene was describing how residents do not have a good concept of money. I ask her if she has ever had to intervene with their spending. This is how she responds:

#### 4.3.7.2 Extract 20 Irene-Lines 419-447

- 419 R Erm do you have any experience of erm a situation where the  
 420 staff may have had to have er intervened with clients spending?  
 421 I No, no. Guide them yes, intervene, no it's not our money, it's  
 422 their money [you know.  
 423 R [Yeah okay  
 424 I You know it's er it's their money and what they spend it on is  
 425 that's their right. It's not my money. But if they wanted to  
 426 maybe at the end of the week go down and have er meal in the  
 427 pub (-) erm but they spent most of their money at the beginning  
 428 of the week doing something just like you or I. (-) They'd have  
 429 to understand you know they've already spent it you know. I  
 430 can't just you know (words for them) that goes on inside and  
 431 outside so [(-) it's no  
 432 R [Umm  
 433 I difference, no difference.  
 434 R Tell me about, guiding them.  
 435 I When you guide them erm things like for instance erm (-) for  
 436 there was a case of one resident who (-) every couple of weeks  
 437 used to spend about seven five five to seven pounds on batteries.  
 438 Er you know it 'just tell me why you're buying the batteries?'  
 439 'Because my remote control needs new batteries every month.'  
 440 (R Umm) and to say 'well actually it doesn't, it can still work  
 441 for nearly a year.' (R Umm) Do you see what I mean so it's  
 442 very difficult peep again it's the concept. But then on the other  
 443 hand it's okay (-) you know, 'if you want to buy batteries that's  
 444 entirely up to you because it's your money, but remember that at  
 445 the end of that month you're actually going to be spending five  
 446 to seven pounds that maybe you don't have to you can buy or  
 447 spend it on something else.' So that's a guidance.

Irene begins by immediately disagreeing with the use of the term ‘intervention,’ by firmly stating ‘no,’ twice (421). She then affirms that staff ‘guide’ residents but they do not ‘intervene.’ This is accounted by her assertion that ‘it’s not our money, it’s their money.’ As has been seen above in the section examining increasing autonomy, such talk forms part of the wider discourse of rights and independence, and is used as a guiding principle for staff conduct. This is further reinforced twice between lines 424-5, where Irene also makes an explicit appeal to their rights. It is possible that Irene denies staff intervention here, yet admits to guiding residents because the use of the word ‘intervene’ carries connotations of control. Perhaps to ‘intervene,’ closes the door off for service-users to have their say, whereas to ‘guide,’ offers opportunities for negotiation between clients and staff, which therefore does not directly offend against staff duty of facilitating choices. (This is similar to the bounded empowerment offered in extracts 10 and 13 whereby choices are fine as long as they are considered to be healthy and risks can be made as long as there is no danger). Therefore, by situating her talk within a liberal repertoire, Irene positions herself as endorsing that clients spend ‘their money’ on whatever they like.

However, between lines 425-433, she talks about what would happen if residents had spent all their money but wanted to go to the pub. Given that all their money had been spent she states that going to the pub is not an option. By using categorisations which construct service-users as ‘like you or I,’ (428) Irene draws on a liberal repertoire promoting equal treatment for all, which effectively justifies the condition, ‘They’d have to understand you know they’ve already spent it you know.’ This ‘we are all the same’ theme is used by many of the interviewees with different rhetorical effects. For example, in the section examining practicalities talk it was used to show that people with learning disabilities may lack choice, but then we all do. This had the effect of casting their situation as less critical. It is seen again in this extract when Irene states, ‘that goes on inside and outside,’ (referring here to within the service or out in the community) and ‘it’s no difference, no difference.’ It can also be seen that the liberal discourse is drawn on paradoxically, to support both freedom of choice and also to justify constraining freedom of action through appeals to justice and fairness in equal treatment to all. As Billig et al (198b, p.45) argued, ‘few would advocate the unconstrained liberty of individuals to please themselves, just as few would insist on

the necessity for social constraints in all aspects of personal conduct. We are dealing with values from a common culture, recognizable and usable by advocates on either side of a debate.’ Here Irene deploys both positions in her talk in the pursuit of accomplishing the implementation of two conflicting agendas; that of allowing freedom of action and choice and that of ensuring service-users understand the boundaries of free choice and liberty.

In line 434 I ask Irene to explain what she means by ‘guiding.’ She responds by using an extreme case as an example to substantiate her practice. Use of extreme or irrational cases has been described previously, for example, under section about risk where Barbara expressed a fear of ‘killing’ residents by increasing their choices. In the majority of interviews, participants frequently made reference to extreme negative examples of the consequences of empowering service-users. Therefore, there may be a danger that such negative constructions of service-user empowerment could be damaging to staff efforts when increasing service-user choice and control. In this extract Irene describes how one of the residents in the service would spend five to seven pounds on batteries every couple of weeks for his remote control. Using reported speech she asked, ‘just tell me why you’re buying the batteries?’ She also adjusted her footing (Goffman, 2001) to demonstrate the resident’s response, ‘Because my remote control needs new batteries every month,’ before authoring her own words once more, ‘well actually it doesn’t, it can still work for nearly a year.’ This functioned to increase the factuality of her account and distanced her from her explanation that this resident needed to be guided into understanding that it was not necessary to buy batteries so often. Nonetheless, a three part show concession, ‘if you want to buy batteries that’s entirely up to you because it’s your money,’ in line 443 serves to strengthen Irene’s justification for guidance, by allowing her to maintain a reasonable and fair self presentation by conceding to the other side of the argument. This account is further reinforced by the fact that the show concession is what Antaki and Wetherell (1999) described as a, ‘sting in the tail concession, whereby the negativity of speaker’s original position is amplified in the reprise part of the structure ‘but remember that at the end of that month you’re actually going to be spending five to seven pounds that maybe you don’t have to you can buy or spend it on something else’ (444-7). Therefore, the counter argument of allowing the resident to buy what he wants is simultaneously weakened. Consequently, Irene buys into the

notion of allowing freedom of action, by endorsing client rights to spend their money as they please. However, constructions of service-users as needing to understand, justifies what could be interpreted as a form of control over such actions through ‘guiding.’ As seen in Harvey’s account above, however, Irene is also aware of her duty to facilitate choice. Thus using reported speech, she deploys a ‘sting in the tail show concession,’ which operates to dissuade the resident from continuing his practice of buying batteries, whilst attending to any challenges that this may pose.

#### **4.4 Discussion**

The analysis above examined staff talk about increasing the choices and control of service-users with learning disabilities. It was hoped that answers to the following questions would be provided:

- Which interpretative repertoires are drawn on by support workers when talking about empowering service-users with learning disabilities and increasing their choices and control?
- How do these interpretative repertoires allow speakers to negotiate between several conflicting agendas? In answering this question, particular attention was paid to how speakers resolve ideological dilemmas (Billig, et al, 1988) through the interpretative repertoires they draw on and the subject positions these repertoires make available.
- How is the learning disabled identity constructed by support workers when talking about increasing the choices and control of service-users?
- How do support workers position themselves when talking about empowering the service-users that they support?

Throughout the analysis, attention was paid to the variability of accounts, particularly in how staff organised their talk to manage the dilemma of their conflicting agendas, the different interpretative repertoires invoked to construct and manage this dilemma and the different speaker identities and learning disabled identities constituted by these accounts. The analysis also concentrated on the functions performed by these different repertoires and the constructions made available by them.

Current Government papers (e.g. Department of Health, 2001; 2005) and service policy and practice are informed by dominant and contradictory discursive resources such as ‘empowerment,’ ‘guardianship’ and ‘protection.’ ‘Empowerment’ discourses inform staff agendas about increasing service-user autonomy, independence, choices and control. On the other hand, ‘guardianship’ and ‘protection’ discourses construct agendas of risk assessments and maintain standards of health and safety. Previous, conversation analytic research, examining talk-in-interaction, suggests that staff face many conflicting practical dilemmas when implementing these agendas in the everyday support of people with learning disabilities (Antaki et al., 2002; Antaki, et al., 2007; Finlay et al., 2007; Finlay et al., 2008a; Jingree et al., 2006). Indeed, these studies suggest that staff efforts to increase client autonomy may be undermined by other institutional care agendas. Thus the study analysed in chapter 4 aimed to examine how care staff construct accounts about increasing the choices and control of service-users with learning disabilities. The analysis above was divided into six parts which were: increasing autonomy repertoires, practicalities repertoires, mixed increasing autonomy and practicalities repertoires, imperfect past to perfect present, conformity and normalisation and solving dilemmas.

Increasing autonomy talk centred on interpretative repertoires about freedom of choice and individual action. It was also found to feature as part of many of the dilemmatic and contradictory argumentative resources that participants drew on. For example it was often combined with practicalities talk to argue against giving choices and control. It also formed part of the dilemmatic repertoire on conforming and normalising service-users on the one hand, whilst allowing freedom of action on the other. In addition, it was found to be an inherent characteristic of solving dilemmas talk, where the conviction of honouring service-user choices and decisions seemed to produce ideological tensions in talk regarding staffs’ practice of guiding client decisions to ensure institutional needs were met too.

The strong representation of the increasing autonomy repertoires in all interviews accorded with the growing surge of literature and policy on empowering service-users with learning disabilities (E.g. Antaki et al, 2006; Antaki et al, 2007; Department of Health, 2001; Department of Health, 2005; Jingree at al, 2006). Through this repertoire staff were able to present themselves as enlightened individuals and

position themselves as facilitators of client choice, thereby respecting the current agenda of empowering service-users. Arguments invoking increasing autonomy repertoires were treated as the guiding principal of staff conduct and were employed to argue that giving choice should be upheld as the utmost priority. This talk was often presented as natural, obvious and taken for granted. In addition many participants expressed strong opposition to its potential infringement. However, several researchers have argued that such enlightened and liberal talk can also be utilised to oppress and discriminate. For example Augoustinos et al (1999) noted that participant talk in Australia reflected the argumentative resources of a society which formally embraces egalitarian principals, yet in practice is structured around the social and economic oppression of the indigenous aboriginal minority by the white majority. Similarly Wetherell and Potter (1992) found that liberal philosophies talk similar to the increasing autonomy talk was employed to make racist arguments. Another study by Wetherell, Stiven and Potter (1987) found that liberal sentiments of equal opportunities for women in the workplace were often mobilised to make sexist arguments.

One of the ways in which the increasing autonomy talk of liberal philosophies functions to legitimise racist and sexist claims is by being combined with practicalities talk. This was the focus of the section of the analysis examining mixed increasing autonomy and practicalities talk. However, before turning to this section I will describe and discuss practicalities repertoires. Unlike increasing autonomy repertoires, this competing interpretative repertoire focused on why service-users could not be assisted in having their choices fulfilled or facilitated. This talk was as widespread as increasing autonomy repertoires and staff usually engaged in it to justify why choices and control could not be increased for some of the residents. Though some staff explicitly stated that they did give choices, they simultaneously cited practicalities which were often constructed as an unalterable reality that had to be worked around. For example in extracts 4, 5, and 6, interviewees constructed practicalities as internal factors within service-users, whereby impairments such as a lack of vocal ability and diminished cognitive ability were described. These internal factors were used as justifications for why attempts to increase client choices were unsuccessful. Similar constructions of practicalities were observed in extracts 8 and 9 under the subheading 'mixed increasing autonomy and practicalities.' A comparable

construction of practical considerations as internal factors has been noted by Wetherell, Stiven and Potter (1987) in their analysis of unequal egalitarianism in discourses of gender and employment opportunities. They found that practical considerations appealed to discourses of a 'biological inevitability,' (p. 62) of the differences between men and women. This has also been described in studies on racist talk. For example Wetherell and Potter (1992) found that participants often spoke of genetic differences between groups where negative characteristics such as 'laziness,' (p. 15) would be attributed to one group. This would produce a basis for constructing a hierarchy of groups whereby superior and inferior attitudes would be attributed to different classifications. In Augoustinos et al's (1999) study of racism in Australian talk, it was found that whilst aboriginal people were not constructed as *biologically* inferior, they were constructed as *culturally* inferior. Further, this was represented as difficulties in adapting to a civilised and superior culture. They cautioned that such constructions of aboriginal people served to validate their own accountability in their plight of social and economic disadvantage. Likewise, in the present situation where staff may be held accountable for the extent to which service-users are empowered or disempowered, it was found that constructions of practicalities as internal factors had the effect of positioning people with learning disabilities as, for example, incapable, irresponsible and vulnerable. This therefore perhaps enabled staff to mitigate against instances when efforts to increase choices and control were constructed as futile.

It should also be noted that occasionally a few speakers did present environmental/social barriers to choice. For example in extract 6, references were made to a shortage of staff and to the lack of a minibus. However this perhaps enabled staff to apportion blame whilst presenting themselves as trying their best. The way in which staff spoke of both internal factors and environmental/social factors, accords with Wilcox et al's (2006) 'individual pathology discourse' and a 'context discourse' respectively. Wilcox et al located the 'individual pathology discourse' within the medical or individual model of disability, whilst they argued that the 'context discourse' was analogous to the social model of disability. It could be argued here therefore, that constructions of practicalities as internal factors and as an unalterable reality accords with the individual model of disability (Oliver, 1996), which is incompatible with the notion of empowering people with learning

disabilities. Meanwhile environmental obstacles to service-user choice seemed more situated within the social model of disability (Oliver, 1996), allowing more congruence with the notion of empowering service-users. In addition, the way in which staff described their efforts to increase service-user choices as unsuccessful is consistent with Finlay et al's (2008a) claims that policies to increase service-user choices and control are difficult to implement in practice. However, Dowson (1997) argued that this was a challenge which had to be met rather than forcing on service-users an identity which would make the challenge less demanding. Therefore, it could be that talk of efforts to empower service-users as ineffective are mollified and justified through constructions of people with learning disabilities by deficit and incapacity.

The way in which the liberal philosophies of increasing autonomy were combined with practicalities talk (examined under the subheading mixed increasing autonomy and practicalities) was also observed in all interviews, and resembled what Wetherell et al (1987) and Wetherell and Potter (1992) described as a practical/principle rhetorical device. This device has previously been identified in studies of racist talk of Pākehā New Zealanders (Wetherell and Potter, 1992) and in 'perpetuating patriarchal privilege,' in the workplace (Wetherell et al., 1987; p. 64). There are many similar features between how this device functions in these previous studies and that of the current analysis. For example in Wetherell et al's (1987) study on sexist talk, speakers would express an important principle, such as, 'there should be equalities for both men and women in the workplace' (p. 63). However, this would be contradicted by raising a practical objection, such as, 'the mother should be looking after the child and bringing it up,' (p. 63) which would make the principle unworkable in that situation. In this present study the expression of an ideal was also nullified by simultaneous engagement in practicalities talk. Therefore, mobilisation of both increasing autonomy repertoires and practicalities talk had the effect of limiting the extent to which choices and control could be given in different situations. This was more powerful than simply presenting practicalities talk alone, as staff were able to maintain credibility through upholding a positive identity as endorser of service-user rights and choices. Moreover, through the mixing of these two repertoires participants were able to argue over the dilemma of attending to two incompatible agendas. This closely resembled Billig et al's (1988) ideological



dilemmas of common sense where speakers attempt to negotiate their position. A variation of the practice/principle rhetorical device was the criticism/concession disclaimer format (Wetherell and Potter, 1992), which was observed in extracts 10 and 16. Here the expression of one moral principle was undermined by the expression of another, often incompatible one. For example, it was observed that staff would appeal to the liberal principles of increasing choices, control and freedom of action, but simultaneously contradict it by invoking a guardianship discourse (see Scior, 2003), whereby people with learning disabilities are constructed as vulnerable and in need of protection.

As mentioned previously, the effect of mobilising the practice/principle rhetorical device is more powerful than engaging in practicalities talk alone. However, one of the ways in which this study expanded on the practice/principal rhetorical device was through the identification of the use of extreme or irrational cases. It was found in this analysis that extreme or irrational cases often featured as part of practicalities talk when mobilised in conjunction with increasing autonomy talk. This had the effect of performing additional reifying work to the already potent practice/principal rhetorical device. For example in extract 10, the extreme case, 'clients who would eat cheese and chocolate all day,' was presented to reinforce and justify privileging the staff's duty of care over allowing service-users to eat what they wanted. Similarly, in extract 14 under the sub-section 'risk,' an extreme case of killing service-users (also by allowing them control over what they ate) was advanced to substantiate the interviewee's claim that increasing choices could be dangerous, if not deadly. Therefore, these cases were used as extremely persuasive strategies for invalidating the increasing autonomy discourse and presenting alternative agendas such as concerns over health and diet as the ultimate priority. The use of extreme and irrational cases was a frequent occurrence in the majority of interviews. Indeed staff rarely described inconsequential incidences of increasing choices and control, or positive examples of empowerment. What is more, the use of extreme cases was not only common when engaging in practicalities talk, it was also observed under the section about conformity and normalisation. Here, rather than presenting unremarkable examples of normalising service-users, residents were described as extremely deviant and therefore constructed as gaining greatly from staff intervention. The implications of this however, particularly when mobilised in practicalities talk,

was that such extreme and irrational cases could present damaging obstacles when attempting to empower service-users.

As well as using the practice/principle rhetorical device, various other rhetorical devices were also used to protect and sustain claims against giving residents more choice and control. For example participants used disclaimers (Hewitt and Stokes, 1975), and show concessions (Antaki and Wetherell, 1999), which enabled them to appear reasonable and even handed. They also used particular categorisations (Edwards, 1991) and contrast structures (Hutchby and Woofitt, 1998; Potter and Wetherell, 1987 and Speer, 2002) to reinforce their accounts, making them seem more factual. Edwards (1991) argued that categories are organised in ways which have implications for speakers. From this analysis it could be seen that categories were flexibly managed and context dependent. For example, in extract 11 and 12 under the sub-section about risk, people with learning disabilities were incorporated into the category 'we're all human,' which allowed the speakers to use an 'all the same' theme which was more compatible with the construction of risk as a feature of gaining independence through personal growth. Therefore, it would seem that an 'all the same' category, when situated within increasing autonomy discourse is more compatible with empowering service-users. However, speakers also advanced an 'all the same' theme within the practicalities talk discourse, whereby constructions were employed of service-users as not being in a dissimilar position to 'us.' This was seen on several occasions in interviews, such as extract 4. Such a classification, against a backdrop of practicalities talk, had the effect of rendering the plight of people with learning disabilities as un-remarkable, which allowed speakers to position themselves as unable to increase choice for practical reasons, whilst moderating against a negative speaker identity for drawing on practicalities talk. In contrast, classifications of service-users as 'they' and staff as 'we,' were also observed (see extract 1) to demonstrate that in contrast to 'we' (staff), 'they' (service-users) don't have choice. This form of categorisation served to describe staff as being in a superior position, which not only created ideological tensions against the liberal notion that 'all humans are equal,' it also served to validate staff commitment to facilitating the choices and control of people with learning disabilities. As described above, an 'all the same' discourse was also advanced in extract 11. However, the interviewee here (Neil) also categorised service-users as 'they,' within the same extract, which constructed some

service-users as incapable and vulnerable. This 'difference' categorisation, had the discursive effect of rendering them different and served to close down opportunities for allowing service-users to manage their own risk. It is therefore suggested that this 'difference' theme, when mobilised with practicalities talk, is incompatible with the notion of empowering service-users.

Under the subheading 'imperfect past to a perfect present,' the analysis centred on progressive talk which primarily focused on improvements of the service environment and the treatment of people with learning disabilities. It was found that interviewees would give unpleasant accounts of the past and explicitly contrast this with an improved present. This present was described as one where service-users not only received better quality care, but where their rights and choices were also met. This talk resembled Wetherell and Potter's (1992) and Wetherell et al's (1987) description of a 'golden future' where history is re-presented as a movement from the imperfect past to a more desirable future. For example, in their study on sexist talk, Wetherell et al (1987) found that participants did not define the golden age for women to be in the past, but 'in the immediate future, and steadily being realised' (p. 68). Therefore, history and society are represented as becoming more advanced, rational and developed, whilst injustices are referred to as a thing of the past. In the present study, though interviewees made no reference to the future, there was a consistent focus on a negative past in contrast to a better present. This enabled participants to again position themselves as liberal advocates of rights and freedom of choice, whilst casting as unreasonable any questions regarding the present status of the rights and choices for people with learning disabilities, given the undeniable changes from the past.

It was apparent that staff worked to convincingly ensure that the negative reports of the past were firmly separate from descriptions of the present. One of the ways in which they achieved this was through the use of contrast structures (Hutchby and Woofitt, 1998; Potter and Wetherell, 1987 and Speer, 2002). For example clients were described as overprotected in the past because they were perceived as vulnerable and at risk, whilst the residents of the present were portrayed as having their choices facilitated. Correspondingly staff also used contrasting constructions of old or bad staff alongside new or good staff. This was not only widely evident in progressive

talk, but also observed in ‘increasing autonomy’ repertoires. Therefore, when talking about the changed, liberal present, interviewees positioned themselves as new, young or good staff whilst contrasting their practices to that of old or bad staff. Thus it was found that old or bad staff were constructed as more concerned with institutional rules and routines, to the point where the choices of service-users were obstructed, whilst in contrast, younger staff placed more importance on facilitating freedom of choice. This was particularly evident in extract 1 for example, where the participant positioned herself as defending resident rights for choices and control against ‘more controlling older staff.’ By using contrast structures in this way, speakers were able to persuasively achieve distancing from the injustices of the past, and, therefore undermine the legitimacy of the view that their current practice may be controlling in any way. This was similarly observed in Augoustinos et al’s (1999) study on racist talk, where despite recognising the existence of racism in Australian society, participants distanced themselves from accusations of overt racism by using distanced footing and attributing racism primarily to the older generations. Wetherell and Potter (1992) suggested that by emphasising the distance between the past and the present, the present world is portrayed as having moved on, making it hard to imagine that the injustices of the past could still be occurring. In the current study, with the additional contrast between good staff and bad staff, it was unsurprising that any disempowerment was difficult to imagine, particularly when in contrast to the past, the present (including the staff) seemed so much better.

One of the many ways in which people with learning disabilities are disempowered is by the manner in which they are required to comply and fit into existing services, routines and curricula (Thompson, 2003; Department of Health, 2005). Goffman (1961) and Thompson (2003) suggested that this may occur as a result of health-care professionals acting in their best interests. This was observed in the present study, under the subheading ‘conformity and normalisation,’ where staff drew on repertoires of normalisation, which functioned to attain and maintain non-deviant and normative behaviour (Wolfensberger, 1972). Here, interviewees discussed increasing service-user independence to facilitate integrating them into society. However, a paradox was observed between ‘increasing autonomy’ repertoires of allowing freedom of choice and individuality on the one hand, and the principal of normalisation on the other, in that sometimes service-user wishes were incompatible with what staff considered to

be normatively and socially acceptable. Therefore, the conflicting agendas of care staff were particularly apparent in this section. Similar dilemmas have been reported by Jenkinson (1993) who noted that personal liberty may hinder the acquisition of certain skills that are crucial for other institutional goals such as independence and normalisation. As a result, autonomy is compromised by limiting service-user contributions to their treatment goals and instead teaching behaviours which are in the interests of family and advocates.

One of the ways in which staff managed this paradox, was by constructing service-users in a manner which resembled Wolfensberger's (1972) description of 'the deviant as an object of ridicule,' (p. 23). As discussed above, this was an example of an extreme case, and perhaps served as a justification for staff actions. It, therefore, produced a situation in which staff could take up the agenda of normalising service-users as a main concern. One way in which this dilemmatic situation was managed in talk was by constructing the accomplishment of the normalisation agenda as only a partial success (see extract 17). Therefore, staff sought to resolve the dilemma by only assigning limited success to the normalisation agenda. An additional strategy involved the offering of 'bounded empowerment,' whereby service-users were allowed to express a certain amount of individuality, as long as it fell within the constraints of normality. 'Bounded empowerment' was not only observed under 'conformity and normalisation' but was frequently seen in staff interviews, particularly in talk on health, safety, and risk. It was explicitly stated in extract 13, but was also observed in extracts (e.g. 10, 'choices yes but healthy eating we tend to (-) we prefer.') when staff mobilised the practicalities repertoires. Therefore it is possible that this bounded empowerment was one of the ways in which staff attempted to manage their conflicting agendas. A 'bounded empowerment' not only afforded staff the position of facilitator of choice, but also enabled them to ensure that clients were safe and well cared for. (As will be discussed later in chapter 6 and 7, the offering of 'bounded empowerment' was also observed in one parent account about increasing the choices and control of their adult son, under the mixed increasing autonomy and practicalities repertoires).

The final section of the analysis, 'solving dilemmas,' focussed on the ways in which staff talk sought to resolve their conflicting agendas of facilitating service-user choice

and maintaining client health and safety. Two methods were identified, which were: providing service-users with negative consequences to their actions, and presenting service-users with information to enable them to make an 'informed choice.' The analysis here was based on Billig et al's (1988) discussion of teaching and learning. They suggested that values such as liberal principles are standards which participants want to respect and to be seen to respect. However, these liberal beliefs also have implicit contrary themes or negations which contain their own authoritarian meanings. These counter themes are at the core of many of the daily dilemmas that speakers experience and seek to resolve. The invocation of these contrary themes may have the effect of presenting the speaker as hypocritical. However, Billig et al (1988) asserted that since these contradictions are implicit, speakers may not 'be fully aware of these counter meanings in the way that an out and out hypocrite would be' (p. 23). In this present study it was found that though staff expressed egalitarian wishes to assist clients in making their own choices, they positioned themselves as having preconceived notions of what these choices should be. This was represented in the way their talk of increasing choices sometimes resembled persuading service-users to make certain decisions over others. The outcome of such talk, however, could be an infringement of service-user freedom of choice, despite the original objective of increasing choices and control. In extract 19 for example, the speaker demonstrated interactional awareness of his responsibility to support service-users with their choices, through the use of devices such as a disclaimer. Nonetheless, he then endeavoured to present his client with powerful negative consequences which functioned to deter her from making certain decisions. Though this perhaps enabled him to balance both responsibilities of increasing choice and also maintaining the client's progress, it could be argued that true opportunities for allowing freedom of choice were closed down by this interviewees' actions.

Similarly staff also presented service-users with information which would enable them to make an 'informed choice' regarding their decision. However, it is suggested that this had the effect of guiding clients towards what staff perceived to be the right decision. The way in which staff presented service-users with information seemed to correspond with van Hooren et al's (2001) alternative conception of autonomy through a deliberation model. This allows staff to advise and recommend to service-users that some choices are more worthwhile than others. Thus, the wishes of service-

users are influenced through moral discussion and reflection and information is provided accordingly. Many interviewees talked about providing service-users with information to guide their decisions. However, the way in which Young (1982; cited in Christman, 1988) describes autonomy seems particularly pertinent here. Autonomy is constructed as firstly corresponding to one's own self interests. Secondly, it requires the absence of social pressures and obligation. However, the way in which staff talked about giving choices in ways which could have the effect of persuading or directing residents into making alternative choices suggests that it does not fit the construction of autonomy as valued by Western cultures. This implies that the choices and control offered to service-users with learning disabilities would not be considered acceptable to ordinary citizens in society.

This study will be discussed further in chapter 7, particularly in light of the other two discourse analytic studies presented in this thesis. There, consideration will also be given to the limitations of these studies, ways in which they could be improved and how they have contributed to our understanding of empowering people with learning disabilities. I shall now turn to chapter 5 in which I examine service-user accounts about having choices and control over their lives.

## **Chapter 5**

### **‘I’m quite head strong’: A discourse analysis of service-user talk about having choices and control**

#### **5.1.1 Introduction**

Much mainstream research in psychology is oriented towards the construction of psychological truth. For example in the case of individuals with learning disabilities, Borthwick (1996) reported that the truth that realist research has assigned to such individuals is that they are ‘intrinsically different’ (p. 404). Historically people with learning disabilities were constructed as deviant, unfit and sub-human pollutants of the human race (Brigham, 2000). These representations were reinforced by eugenics discourses, which constructed them as a threat to humanity. More recently, particularly following the Government proposals in ‘Valuing People’ (Department of Health, 2001) to increase the choices and control of people with learning disabilities, there have been moves to undo the oppression they have endured and to assist them in leading fulfilled lives. Thus it can now be seen that both within services and in research, liberal discourses of increasing autonomy and empowerment are becoming dominant. Such increasing autonomy discourses could be said to be the crux of this present research which seeks to examine the talk of service-users with learning disabilities on their choices and control. This introduction will attempt to briefly chart some of the ways in which previous research has constructed people with learning disabilities in ways that have justified their exclusion from the research process.

In its early days as a new discipline, the psychological field borrowed terms from already established professions such as medicine and engineering. This allowed it to increase its legitimacy and to secure an authoritative and scientific status. It was in this era and through the borrowing of authoritative medical terminology that psychology was able to ‘invent the disease called “mental deficiency/retardation” and thrust the new scientific psychology into popular acceptance and prominence’ (Danforth, 2002; p. 52). Through scientific and medical discourses, this ‘disease’ was described as biophysical and genetic in origin and was claimed to be objectively diagnosed with a ‘proper scientific instrument,’ (Danforth, 2002; p. 53), likened to the



authoritative diagnostic instruments used by physicians, which allowed psychologists to measure an 'implied' mental realm. This diagnostic instrument, the intelligence test, was believed to enable psychologists to distinguish mental health from mental deficiency. Based on its authoritative and scientific background, IQ testing and the diagnosis of learning disabilities now carries overwhelming dominance as a system of thought. Therefore, the construction of intellectual disabilities through the objective means of standardised tests has not only produced learning disabled individuals, but also the negative and derogatory connotations associated with learning disabilities which represent the 'truth' about such individuals, regarding everything from their quality of life to their susceptibility to produce unreliable answers (Rapley, 2004). However, as Rapley (2004) notes, such a manner of thinking is extremely recent and has its roots only in the second half of the nineteenth century. Though these diagnostic systems within psychology carry a sense of legitimacy, it should still be recognized that intellectual disabilities is a historical and culturally situated construct, based on another hypothetical construct, that of intelligence.

It would seem that much positivist literature continues to be influenced by constructions of learning disabilities which reflect the early twentieth century dependency on the medical model and, therefore, the aspirations of the early field of psychology to be considered a legitimate science. For example a series of influential studies were conducted on acquiescence and learning disabilities in the early eighties. Here researchers such as Sigelman, Budd, Spanhel and Schoenrock (1981) and Shaw and Budd (1982) acknowledged a growing trend in allowing people with learning disabilities to speak for themselves. Despite this recognition, however, and in accordance with hegemonic, medical constructions of learning disabilities, they questioned the validity of information that could be acquired from them. Thus they noted that, 'obtaining valid information from anyone can be troublesome,' however, when compared to individuals with learning disabilities, 'who almost by definition have difficulty with receptive and expressive communication, (it) is likely to be more problematic,' (Sigelman et al, 1981; p.53). Such a statement, situated within dominant medical individual pathology discourses, not only sets people with learning disabilities in direct contrast to other citizens, it also assumes the pre-existence of learning disabilities as a group of people who are consequently rendered different and inferior to others. It could also be argued that the methods used to draw conclusions

in these studies simply function to reify these existing systems of thought. These researchers conducted structured interviews using an item-reversal technique to determine the acquiescence of participants. From these they concluded that though acquiescence is not restricted to severely learning disabled individuals, low IQ individuals are more likely to acquiesce than higher IQ individuals. Therefore, acquiescence was constructed as a product of intellectual disability and more specifically, low intelligence

In this context, therefore, the variability in the responses of learning disabled individuals were attributed to cognitive impairments, understood to be associated with having a lower hypothetical intelligence. Therefore, acquiescence becomes perceived as a fact about intellectual disability which translates into an all-round general mistrust of asking any questions of people with learning disabilities. To remedy the problems identified in their studies, Sigelman et al (1981) suggested that responses should also be acquired from paid support workers and family members to substantiate and verify those given by individuals labelled as learning disabled. Yet, to do this would position learning disabled individuals as inferior, thus reinforcing constructions of them as unreliable and undermining the importance of sourcing information from them directly. However, because these conclusions are influenced by powerful systems of knowledge which constructs learning disabled individuals in such a way, they are resistant to challenge.

Some researchers have sustained an essentialist view of learning disabilities by interpreting the way in which people may refute the label 'learning disabilities' as evidence of the process of denial or a way in which to preserve self esteem (e.g. Edgerton, 1993). These findings carry undertones of the suggestion that individuals with learning disabilities are being in some way deceptive by denying their learning disabled status (Rapley, 2004). Again, this is not dissimilar to other negative constructions associated with learning disabilities and it adds to the growing bed of evidence that the contributions of individuals with learning disabilities to the research process may be in some way untrustworthy. Such assumptions drawn from these studies represent what Smith and Mitchell (2001) described as the 'typology of mental retardation' (p. 145-6), the assumption that there is a 'mental retardation essence' (p.

146) which represents all the individual differences, characteristics and needs of people labelled by the term.

On the other hand, certain critical research has emerged over the last two decades which is driven by notions of empowerment, and focuses on increasing the opportunities for people with learning disabilities and including them in the research process. These to a certain extent have acknowledged the constructedness of learning disabilities. For example, a study by Davies and Jenkins (1997) sought to examine the incongruence between the categorical identity of individuals with learning disabilities and their self identities. Participants with learning disabilities were asked to give their understanding of the terms ‘mental handicap,’ and ‘learning disabilities.’ In recognition of the dubious way in which this label is taken for granted as an identity, Davies and Jenkins made it clear that when asking participants about their understandings of learning disabilities, they were ‘careful not to ask in any way that assumed their inclusion in the category’ (p. 98). Thus this goes at least part of the way towards offering a critique to the assumption that to be labelled learning disabled represents the truth about someone. Nonetheless, Rapley (2004) argued that despite this recognition, these researchers continue to talk about the learning disabled identity as though it were a thing in the world that all individuals labelled as learning disabled ‘truly’ have (Rapley, 2004). The present study does not assume the strong relativist position of Rapley. Instead, it adopts a critical realist position whereby certain material and embodied aspects of learning disabilities (e.g. communication difficulties and physical impairments) are treated as real, whilst other aspects (e.g. those associated with an individuals moral character) are treated as socially constructed. This study, therefore seeks to move away from traditional researcher assumptions about the learning disabled identity and to instead focus on how people with learning disabilities construct their own identities when talking about the choices and control in their lives.

Bogdan and Taylor (1994) have taken a similar critical social psychological view, using an autobiographical approach which has enabled them to ‘see the world from his or her (those of the participants’) point of view’ (p. 17). They argued that the insights of individuals labelled as learning disabled are often treated as unimportant. Instead they are studied as a separate group with theories being developed about them

to explain their differences and their behaviour. People with learning disabilities rarely have an input into what is said about them. Bogdan and Taylor also observed that the way in which service-users defined themselves and their relationships with professionals was very different to how these were defined by health professionals such as support staff.

Several qualitative studies have sought to involve individuals with learning disabilities as participants. For example, Bennet and Coyle (2007) conducted a study using Interpretative Phenomenological Analysis to examine how gay men with learning disabilities perceived and interpreted their status as gay men and as men with learning disabilities. They also examined what effect these interpretations had on their well-being. Booth and Booth (1994) used the life story approach to present the experiences of mothers and fathers with learning disabilities. They hoped that their study would present a challenge to the current perceptions about the rights and responsibilities of people with learning disabilities. Similarly, Goodley (2000) used the life story approach to examine the stories of five self-advocates. He hoped that this approach would increase our understanding of the influence of being a self-advocate on life chances and the informants' sense of self. He reported that the life stories illustrated the struggles of self-advocates and how self-advocacy groups increased the self determination of participants.

Discourse analytic studies involving informants with learning disabilities are particularly scarce. Indeed, to my knowledge, there is only one paper which reports a discourse analytic study involving participants with learning disabilities as informants. This study, conducted by Scior (2003) used discourse analysis to examine the accounts of women with learning disabilities and how they position themselves in relation to gender and disability. Scior found that participants negotiate many dilemmas when they position themselves within discourses of gender and disability. For example, participants drew on 'guardianship discourses' (see section 5.3) developed by a dominant majority to justify the oppressive treatment of individuals with learning disabilities. What is more, Scior reported that when discourses of gender and disability were simultaneously invoked, the lack of choice and opportunities experienced by these women increased. Discourse analysis, therefore could be particularly useful for examining the invocation and function of

oppressive discourses. Despite this, however, no other discourse analytic studies involving informants with learning disabilities have been conducted. Thus, the lack of discourse analytic studies which examines the talk of individuals with learning disabilities is an area which this study hopes to address.

Therefore, by using a discourse analytic approach this study will focus on how individuals with learning disabilities construct themselves and others around them (such as support staff, parents and other service-users) when talking about the amount of choice and control they have in their lives. This will be examined in relation to study one, which focused on the talk of care staff on empowering service-users with learning disabilities.

### **5.1.2 Research Questions**

In this empirical chapter, accounts of service-users with learning disabilities about having more choices and control in their lives will be examined. The following questions will be answered:

- Which interpretative repertoires are drawn on by service-users with learning disabilities when constructing their experience of having choice and control over their lives?
- What functions are performed in talk by drawing on these interpretative repertoires?
- What identities are made available to service-users when invoking these interpretative repertoires?
- How do speakers orient to the implications of these identities, for example, when constructing a learning disabled identity or a competent identity?

## **5.2 Method**

### **5.2.1 Ethics**

A research proposal was submitted to the Ethics Committee at the University of Surrey. However on their recommendation a local NHS Trust Research Ethics Committee was also approached for guidance. On liaising with them it was advised

that ethical approval from the University of Surrey Ethics Committee would be sufficient. This was subsequently approved and can be seen in appendix 1.

### **5.2.2 Recruitment Strategy**

The participants of this study were required to have been diagnosed with mild to moderate learning disabilities and were found through contact with managers of residential care homes and day-centres for people with learning disabilities in the local area. A manager of a day-centre and two managers of residential care homes were contacted by telephone and were given a brief introduction and description of the research aims. All three expressed an interest in the research and requested more information. Information packs were then posted to them containing several participant information sheets (to be read to participants by their key-workers or advocates if necessary) and a letter of introduction to the manager, which requested that the information sheets be distributed to any interested parties. The participant information sheet contained details of the study, a description of the interview process and a statement about the participant's confidentiality (the information pack can be seen in appendix 2). Following receipt of these information packs, all three managers contacted me again, all indicating that they had several residents who would be able to communicate in an interview situation and who had expressed an interest in participating. Three participants were interviewed from one residential care home (Service 1), eight from the other care home (Service 2) and three from the day-centre (Service 3). It should be mentioned here that though these participants have been positioned as learning disabled by the service they use and by myself in the recruitment process, the analysis will focus on what identities these participants ascribe to themselves.

### **5.2.3 Permission**

Before any data was collected, I offered to read an information sheet to each participant which described the research as an examination of the amount of choices and control they have over their lives (see appendix 3). Interviewees were also informed that participation in the study would be completely voluntary, confidential and anonymous and that they had a right to withdraw at any time. They were told that in order to maintain confidentiality they would be identified by a code in all subsequent documents. Furthermore, any identifying details in the transcriptions such

as names and locations would be changed. Participants were also given a consent form, enabling them to indicate their willingness to participate prior to the commencement of the recorded interviews.

#### **5.2.4 The Services**

##### **5.2.4.1 Service 1**

The first service was a residential care home from which three residents were interviewed. This was a private residential service in large detached house registered for twelve residents. Service-users here were aged between 35 years old to 65 years old. However, the home was also registered as able to accommodate 2 residents over the age of 65. The service-users were described as having mild to moderate physical and learning disabilities. This service consisted of one communal living room and one communal dining area. Some of the bedrooms were shared between two residents. Three of the bedrooms had en-suite facilities. Service-users varied in their level of independence. However, 24 hour staffing was always available.

##### **5.2.4.2 Service 2**

The second service was an epilepsy trust involved in providing residential and day support for people with learning disabilities and epilepsy. This was the same service that was approached in the first study where 15 care staff were interviewed. All service-users either had learning disabilities, learning disabilities and epilepsy or epilepsy with other associated conditions such as brain injury. All were between the ages of 18 to 90 and varied greatly in their independence, disabilities and communication skills. See chapter 4 for more details about this service. One of the units of this service is referred to in the analysis by the pseudonym 'The Lodge,' (also in study 1). This was described as an independent unit and was the only unit that did not have 24 hour cover of staff. Service-users residing in this unit were developing skills necessary for living in supported housing. Some of the residents interviewed from this service resided in The Lodge. However, the majority were from a unit called Bella Vista. Here the residents were described as semi-independent, with a view of moving to The Lodge after certain skills had been attained.

##### **5.2.4.3 Service 3**

Service three was an adult day-service funded by the adult services of a county council in the South East of England. It was located within a community theatre and arts centre which specialised in working with people with learning disabilities. The arts centre focused on delivering an adult learning programme of over 23 arts workshops per week in addition to performing workshops and plays involving people with learning and physical disabilities. The day-service was run by a manager and a very small team of staff. This service was accessed by the service-users of various local residential care homes for individuals with learning disabilities as well as people with learning disabilities who lived with their family or alone in the local community. Three individuals were interviewed from this service.

### 5.2.5 Demographic Characteristics of Participants

Nine female service-users and five male service-users agreed to participate in the study (see table 2 for details). All were between the ages of 23 and 66 (mean age 45.7) and had been residents or users of the service for between 6 months and 17 years (mean period 5.25 years). Of the nine female participants, one from service one was excluded as she decided to terminate the interview after approximately 5 minutes. Another interviewee from service three was excluded due to difficulties in transcribing her recorded interview. This was because of a combination of poor recording quality and difficulties in understanding what this participant was saying. Of the male participants, one participant from service two was excluded as it transpired that he did not have learning disabilities but a diagnosis of traumatic brain injury with retrograde amnesia.

| Pseudonym         | Age | Ethnic Origin | Service | Duration as Service-User | Partner/Married/Divorced? | Employment status |
|-------------------|-----|---------------|---------|--------------------------|---------------------------|-------------------|
| Ada<br>(Excluded) | 63  | White British | 1       | 13 years                 | Single                    | Unemployed        |
| Bridgette         | 66  | White British | 1       | 2 years                  | Single                    | Unemployed        |
| Catherine         | 57  | White British | 1       | 5.5 years                | Single                    | Unemployed        |



|                    |    |               |   |           |              |                           |
|--------------------|----|---------------|---|-----------|--------------|---------------------------|
| Debbie             | 60 | White British | 2 | 17 years  | Single       | Unemployed                |
| Ellen              | 49 | White British | 2 | 4 years   | Single       | Unemployed                |
| Freddie            | 42 | White British | 2 | 5 years   | Divorced     | Unemployed                |
| Geoff              | 58 | White British | 2 | 6 months  | Single       | Unemployed                |
| Harry (Excluded)   | 56 | White British | 2 | 6 years   | Single       | Unemployed                |
| Izzy               | 25 | White British | 2 | 3 years   | Engaged      | Volunteer in charity shop |
| Julie              | 57 | White British | 2 | 16 Years  | With Partner | Employed by service       |
| Kelly              | 45 | White British | 2 | 2.5 years | Single       | Unemployed                |
| Lawrence           | 44 | White British | 3 | 2 years   | Engaged      | Unemployed                |
| Marcus             | 39 | White British | 3 | 1 years   | Single       | Unemployed                |
| Natasha (Excluded) | 36 | White British | 3 | 2 years   | Single       | Unemployed                |

**Table 2 Demographic Details of Participants**

### **5.2.6 Data**

The data consisted of audio recordings of 16 semi-structured interviews administered to a sample of 14 service-users labelled as having mild to moderate learning disabilities from the South East of England. As explained above, three interviewees (Ada, Harry and Natasha) were excluded from the sample. Two interviewees (Freddie and Izzy) were interviewed twice on two separate occasions. Therefore, 13 transcripts were analysed from 11 participants.

### **5.2.7 The Interview**

Interviews were used in this study for the same reasons as those outlined in section 4.2.7 of the first study. Another benefit of using interviews could be found by looking at the disadvantages of using alternative methods such as focus group discussions. Though focus group discussions may generate more naturalistic conversation, participants with learning disabilities vary greatly in their communicative abilities. Therefore, there is a danger that some participants may be silenced by more dominant or able members of the group. Within the one-to-one interview situation the researcher is more able to sensitively tailor the discussion and questions according to each individual participant's communicative ability. Because this thesis adopts a critical realist position, 'the influences of embodied factors (from missing limbs to coldsores) and personal-social histories (from idyllic childhoods to abusive incidents) upon social situations and individual activity' (Cromby and Nightingale, 1999, p. 3) can be fully considered when conducting a discourse analysis with individuals with learning disabilities. Indeed, some of the participants in this study had communicative and verbal difficulties. For this reason, I chose to conduct interviews using the recommendations of Finlay and Lyons (2001) and Prosser and Bromley (1998). Therefore in the interview schedule, I ensured that questions were composed of simple language, using short words and sentences. I also tried to ask questions in the present tense and avoided using negatives and double negatives in questions. Though these recommendations were adopted in the interview schedule, questions were tailored during each interview to match the communicative abilities of each interviewee. Prosser and Bromley (1998), Rapley (2004) and Scior (2003) also note that participants with learning disabilities may have had negative past experiences as a consequence of taking part in interviews. Therefore, before each interview, I took time to reassure each interviewee, explaining who and what the interviews were for and how long they would last. If time permitted, I also attempted to put interviewees at ease by having lunch or a cup of tea with them before their interview.

Yardley (2000) expressed concern that despite the significance of talk, interviews risk becoming the qualitative equivalent to the questionnaire. Therefore, though they are convenient for accessing participant opinions, they may be 'divorced from the context of real-world action and interaction' (p. 224). Therefore, to temper against such

concerns, Yardley (2000) recommended the adoption of a criteria which could offer assurance for the quality of research. One criterion has been adopted here, that of demonstrating 'sensitivity to context' (p. 219). The way in which her other criteria have been adopted can be seen below under the section, 'research quality checks.' Discourse analysis questions the commonly made assumptions and concepts that shape the observations and explanations made in research (Gill 2003). However, Yardley's (2000) criterion of 'sensitivity to context,' counteracts against this by recommending that the researcher has,

'a fairly extensive grounding in the philosophy of the approach adopted, and the intellectual history of the categories and distinctions that have been applied to the topic, since awareness of the different perspectives and complex arguments that can be brought to bear on the subject provides the researcher with the scholastic tools to develop a more profound and far reaching analysis' (p. 220).

Therefore, taking this recommendation into consideration, as well as adopting Wetherell and Potter's (1987) interventionist style of interviewing, the question of how much choice and control service-users have over their lives was posed in many different contexts such as housing, finance, employment. These areas were chosen by reviewing current literature and government policy on empowerment and learning disabilities (E.g. Valuing People, Department of Health, 2001). They also were integral to the main concerns relating to autonomy discussed by the Government in their White Paper. Additionally the schedule was discussed with my supervisor who has expertise in the field of learning disabilities and is an experienced qualitative researcher.

The interview started with a general warm up section beginning with a series of general questions about the participant's home environment, and how much choice and control they felt they had generally:

- I am interested in how much choice you have in things like food, jobs, where you live. How much choice do you think you have?
- Who is in charge of what you do?
- What do you think about that?
- Is there anything you would like more choice over?

Following the warm up section, the interview schedule was then divided into the seven sections that had previously been identified in the literature and ‘Valuing People’ (Department of Health, 2001). These areas were: finance, diet, employment, housing, social and sexual relationships and alcohol. Service-users were also questioned on their choices and control in issues relating to style which focused on personal taste in for example, clothing, hair style, room décor etcetera. Questions in each of these sections followed a similar pattern to that of the warm-up section where a broad question was posed initially. For example in the housing section this was:

- Where do you live?

This was again followed by a series of questions and prompts if they were required. For example:

#### **Housing**

1. How much control do you think you have over where they live?
  - p. Do you think this is fair/ do you agree with this?

For the full interview schedule see appendix 4. Due to the semi structured nature of the interview these questions varied according to the interviewees’ responses and any areas that arose spontaneously were followed up and explored further.

#### **5.2.8 Interview Procedure**

Interviews were conducted at the service which participants were affiliated to in order to ensure a relaxed and familiar environment where they felt at ease. Interviews took approximately thirty to ninety minutes each. At each service an interviewing schedule was organised by the carer who was responsible for service-users, to fit in with their day’s activities. Therefore, service-users who were willing to participate were allocated a timeslot in which to come to be interviewed. Before each interview service-users were reminded of their rights to withdraw from participation at any time and that their identity and any form of identifying details would be kept confidential throughout the entire research process. They were also told that no feedback about them individually would be given to the service. Participants were also reminded of the research aims and were given opportunities both before the interview and afterwards to raise any questions or concerns. All interviews were tape recorded and

transcribed to facilitate analysis. Two interviewees, Freddie and Izzy, were interviewed twice. Both of these participants reported that they had enjoyed having the opportunity to talk to me and were keen to be able to talk to me again. Initially, these additional interviews were going to be analysed as case studies to supplement the main analysis. However, the data from the main study yielded a large and insightful analysis. Therefore, due to space constraints, these interviews were incorporated into the main analysis.

### **5.2.9 Transcription and Data Analysis**

The recordings (each approx 30 to 90 minutes long) were transcribed and all identifying names and locations were changed. The data was analysed using the frameworks of discourse analysis (Potter and Wetherell, 1987; Wetherell and Potter, 1992) and critical discursive psychology (Edley, 2001; Wetherell, 1998). This method was chosen as most appropriate because of its concerns in the social organisation of talk (Coyle, 2001). Some researchers recommend that the accounts of people with learning disabilities be treated as unreliable due to their perceived incompetence (See Sigelman et al, 1981; Shaw and Budd, 1982), whilst others (e.g. Rapley, 2004) criticise the way in which the contributions from people with learning disabilities are not valued. Following Rapley, this method is useful in examining how participants may orient to being constructed as unreliable or incapable and therefore organise their talk to be more persuasive. It also enabled me to examine how participants' speech is constructed to defend against criticism and to offer the speaker rhetorical protection. This study also aimed to examine participant constructions of how much choice and control they have in various situations and the constructions of service-user identity when being supported by staff. This was made possible as discourse analysis allows researchers to focus on how different versions of events, people, and objects are created by drawing on available discursive resources (Gill, 2003). Therefore, of interest was the subject positions offered by the various discourses which participants engaged in and the functions and implications that such discourses performed. As well as a global consideration of the interpretative repertoires being drawn on (Potter and Wetherell, 1987), the analysis sometimes required a micro-level examination of the rhetorical devices used by speakers to make their claims more persuasive or to defend against potential criticism. The analysis was conducted following the recommendations of Potter and Wetherell (1987), Coyle

(2001) and Wetherell, Taylor and Yates (2001). For a similar description of the procedure of analysis see section 4.2.9 in chapter 4 of this thesis.

### **5.2.10 Research Quality Checks**

Many of the guidelines suggested by Elliot et al (1999) and adopted in the first study have been incorporated here. I have also attempted to take into account three important considerations suggested by Potter (2003). These are outlined below:

#### **5.2.10.1 Participants' Understanding**

Potter (2003) noted that speakers show an on-going interpretation of what is going on in a conversation. This can be used as a check against the claims being made by the analyst. Therefore, in the present analysis I have focussed on how speakers orient to the prior turns in talk as a means of understanding their interpretation of the conversation.

#### **5.2.10.2 Coherence**

Potter's (2003) description of coherence is different to that of Elliot et al's (1999) described in the method of first study. However, both forms of guideline have been adopted here. In accordance with Elliot et al's description, I have made every effort to ensure that sections of the analysis are presented in a structured and meaningful manner. The analysis has been divided into three parts. The first focuses on the way in which guardianship and incompetence repertoires were drawn on in different ways. The second section examines how service-users expressed dissatisfaction. This is followed by the third section which focuses on the function of service-user expressions of having choices and institutional concerns.

Potter's (2003) explanation of coherence focuses on the cumulative nature of research using conversation analysis and discourse analysis. What is meant by this is that studies can build on and provide a check for the findings of earlier work. This study follows from the first study of this thesis, which hoped to address and explore certain questions raised by previous studies, for example, see Antaki et al (2002), Antaki et al (2006) and Jingree et al (2006).

#### **5.2.10.3 Readers' Evaluation**

Potter's (2003) consideration of 'readers' evaluation' is similar to that of Elliot et al's (1999) guideline of 'grounding in examples,' described in the method of the first study in chapter 4. This is the recommendation that rich and extended materials should be incorporated into the analysis to enable readers to assess the adequacy of particular interpretations being made as well as the adequacy of more general claims. Throughout the analysis, large extracts and small quotes have been included in the text to illustrate various interpretations and claims being made.

As mentioned above, I also endeavoured to address Yardley's (2000) criteria for achieving quality in research. These are discussed below.

#### **5.2.10.4 Commitment and Rigour**

In order to achieve commitment, Yardley (2000) recommends a prolonged engagement with the topic, not only as a research topic but also in the capacity of for example a carer. As described in the method of study one, 'under owning one's perspective,' I have spent a considerable amount of time both living in a family run residential care home for people with learning disabilities and also working as a care assistant with service-users. I have also spent several years researching within the field of learning disabilities.

#### **5.2.10.5 Transparency and Coherence**

Yardley (2000) defines transparency as clarity in the presentation of the analysis and data collection process. This has been addressed by revealing all aspects of the data collection and research process. As described above under Potter's (2003) recommendation of 'reader's evaluation,' extracts have also been included within the analysis, enabling readers to assess the researcher's interpretation.

#### **5.2.10.6 Impact and Importance**

Yardley (2000) described this criterion as referring to the research's theoretical worth and its practical utility. This study hopes to extend on the analysis of the first study by providing a poly-vocal account of choices and control of people with learning disabilities. It is also hoped that this research will be useful in informing the practice of staff within services for people with learning disabilities in addition to providing

some additional considerations to policy makers who aim to empower and to enhance the quality of life of individuals with learning disabilities.

### **5.3 Analysis**

This analysis has been organised into three main sections called guardianship and incompetence, resisting staff power and the explicit expression of choice, control and institutional values. The section called guardianship and incompetence has been divided further into three sub-sections which are: positioning oneself within guardianship and incompetence repertoires, positioned by others within guardianship and incompetence repertoires and positioning other residents within guardianship and incompetence repertoires.

#### **5.3.1 A Note about Identities**

All three main sections of the analysis focused on service-user identity; chiefly how this was constructed and negotiated by speakers and what identities they ascribed to themselves and to other service-users. Service-users were frequently seen positioning themselves within guardianship and incompetence discourses and constructing themselves as vulnerable, in need of protection or support and incapable of making decisions for themselves (see below). This was sometimes seen to achieve various useful outcomes such as bolstering claims of being bullied. However, this was also double-edged in that it simultaneously constructed the service-user identity in negative ways. Service-users were also observed describing being positioned by others within guardianship and incompetence discourses. This also produced useful effects such as managing blame, but, was similarly associated with negative constructions of service-user identity. Rapley (2004) suggested that learning disabilities is a 'toxic identity,' which speakers may choose to attend to in talk. Being diagnosed as learning disabled immediately performs 'a socially constitutive assessment of moral character and conduct' (p.61). Therefore, this may have posed a dilemma for speakers who, perhaps aware of this aversive identity, worked to resist being constructed in negative ways. Therefore, in the following analysis we see how service-users negotiate this dilemma of identity by positioning other service-users within guardianship and incompetence discourses, reinforcing their accounts against being treated as unreliable and constructing themselves as competent and in control of their decisions.



### **5.3.2 Discourses of Guardianship and Incompetence**

This section focused on how service-users drew on repertoires of guardianship and incompetence. Scior (2003) described guardianship discourses as talk encompassing ‘constructions of people with learning disabilities as vulnerable and in need of protection’ (p. 789). She argued that this has been developed by a non-disabled majority to justify the oppressive treatment of people with intellectual disabilities. I propose that guardianship and incompetence repertoires may also be invoked constructively, for example, to explain and justify having limited choices, manage and attribute blame, avoid contentious topics and shift responsibility. Nonetheless, Scior’s description of the guardianship discourse appears to parallel what Agich (1993) termed paternalistic action; ‘morally justified actions that limit or hinder the self determination of another for that person’s own good’ (p. 40). Paternalism has also been associated with the use of varying degrees of coercion to impose the views of the state or institutions on a single individual or group of individuals. Learning disability policy and literature is currently dominated by notions of empowerment (e.g. Department of Health, 2001; 2005; 2009; Dowson, 1997; Jingree et al, 2006; Ramcharan and Borland, 1997). Indeed, as has been observed in chapter 4 of this PhD where a discourse analysis was conducted on staff talk, an increasing autonomy repertoire of rights and choices was frequently and dilemmatically drawn on in many arguments promoting and denying giving service-users more control over their lives (see study one). Nonetheless, as Scior notes, talk of service-user vulnerability and the need for protection, characteristic of the guardianship discourse, also remains central to service policy. This can be seen for example in the Green paper, ‘Independence, Well-Being and Choice,’ (Department of Health, 2005), whose vision for the next ten to fifteen years not only advocates service-users having more choices and control, but that they are also given the best quality support and protection.

This section also examines how speakers drew on repertoires of incompetence, which focused on constructions of individuals with learning disabilities as incompetent, incapable of making decisions of their own and unable to cope with their own choices. This repertoire, like guardianship repertoires, seemed to justify a range of staff practices that removed choices and control from service-users (see Jenkinson, 1993 about how choices may be artificially pre-selected for people with learning

disabilities). For example, one interviewee (Freddie) described how he was constructed as ‘unable to cope’ by his in-laws, which justified their action of persuading their daughter to divorce him.

The following section has been divided into several sub-sections which demonstrate the different ways in which guardianship and incompetence repertoires were invoked and the different discursive outcomes which were produced by it. Service-users either positioned themselves or other residents within these repertoires or they talked about how they were positioned by others as needing protection, security and assistance with their choices. This resulted in several effects, such as managing and attributing blame, managing a competent identity, avoiding contentious topics and ‘doing having a good quality life’ (see Rapley, 2004) whereby interviewees oriented to expressing satisfaction and contentment with their circumstances. Therefore, guardianship and incompetence repertoires were often employed constructively. However, when service-users described being positioned by others within this discursive frame, they were often constructed as incapable and this had a disempowering effect. Nonetheless, interviewees were also observed resisting their position within this repertoire by drawing on increasing autonomy repertoires of fairness, and knowing one’s mind, and by constructing themselves as rational and competent. The way in which service-users positioned themselves and other residents within this repertoire could be seen as unsurprising, given the hegemony of such repertoires within care environments. However there is a danger that such constructions can conflict with more liberal or increasing autonomy repertoires.

#### **5.3.2.1 Positioning Oneself within Guardianship and Incompetence Repertoires**

In the following extracts, service-users were seen to invoke the guardianship and incompetence repertoires by positioning themselves as incapable and in need of staff protection. For example, the extract below follows from a conversation where Catherine has been describing how the meals within the service are determined by a monthly rota, which is drawn up by the manager following a meeting with residents. I have just asked her whether a group decision is reached in these meetings. Here, she positions herself within guardianship and incompetence repertoires by claiming that she would become unwell if she chose her own food.

### 5.3.2.1.1 Extract 21-Catherine Lines 237-251

237 R So is it a group decision when you make the meals?  
238 C Yes  
239 R Yeah? What do you think about that?  
240 C It's good  
241 R Would you rather have your own choice?  
242 C No  
243 R No?  
244 C Good  
245 R Okay erm do you think the staff should tell you what to eat?  
246 C Yes  
247 R Why is that?  
248 C You get ill if you don't. I don't want to get ill  
249 R Okay  
250 C anymore  
251 R No, of course not.

This extract consists of a sequence of persistent interviewer questions which are oriented towards increasing autonomy, rights and choices (see study one). In line 241 I ask Catherine if she would prefer the choice of meals to be her own. This offers her the opportunity to state a preference for making her own decisions, thus reifying service-user choices and control and allowing her to express any potential dissatisfaction with her current status. However, this is resisted (242), which suggests that Catherine positions herself within an alternative repertoire. From line 245 I reverse my question, now asking, 'do you think the staff should tell you what to eat?' Catherine correspondingly responds affirmatively (246). When prompted for a reason she states, 'You get ill if you don't. I don't want to get ill anymore.' This statement clearly suggests that Catherine positions herself within guardianship and incompetence repertoires, which constructs her as at risk of being unwell and in need of protection.

It is important to point out the identity work here. Though Catherine appears to position herself within dominant guardianship and incompetence repertoires, her responses show no signs of acquiescence (an undesirable attribute which has historically been associated with learning disabilities, see Rapley, 2004) and demonstrate that she is an individual who is able to withstand the persistent pressure of her interlocutor's questions. In fact the interviewer's persistent questioning can be seen in the manner that further questions are advanced, which expand on that of making group decisions and reformulate it to, 'would you rather have your own

choice.’ This is then reversed to, ‘do you think the staff should tell you what to do?’ These questions invoke increasing autonomy repertoires and have been informed by the Government White Paper, ‘Valuing People,’ and by what is generally presumed by psychologists about people with learning disabilities, namely that they lack choices and control. Therefore, it could be that the assumption built into these questions is that Catherine lacks choice over what she has to eat (namely because these are mediated by staff during group discussions-238). Catherine’s replies, however, resist these assumptions and position her as happy with participating in (what could be interpreted as an equally constructive) group discussion. Additionally, though she provides clear responses, these can be seen to be treated as inadequate by the interviewer in the way that questions are rephrased and reversed, which allows Catherine further opportunities to provide the response that the interviewer is seeking. Towards the end of the extract, however, an interviewer response of, ‘no, of course not,’ is supplied to Catherine’s assertion that she does not want to get ill anymore. Therefore, by conceding to Catherine’s need to reduce her risk of illness, my interviewer position within increasing autonomy repertoires become dilematically re-orientated towards a guardianship and incompetence repertoire when an explanation of avoiding illness is advanced. This may be because it would have been rude or face threatening for me to continue to pursue Catherine on the topic. It also perhaps illustrates the ideological dilemma (Billig et al, 1988) identified in chapter 4 between increasing service-user choice and control and providing good quality care, which ensures the health and well-being of service-users.

In the following extract Izzy has been describing how she would like to receive more assistance from her carers to gain more independence. She expresses frustration that carers do not give her assistance when she asks for it and, in doing so, constructs herself as incapable, which positions her within guardianship and incompetence repertoires. In the extract below she accounts for why she thinks staff are not helpful.

#### **5.3.2.1.2 Extract 22-Izzy 1 Lines 217-232**

|     |   |   |
|-----|---|---|
| 217 | I | I’m bright-ish but not very bright erm, er I mean my, the way I |
| 218 |   | come out I’m bright, but with my skills not. So erm cos I have  |
| 219 |   | what is it erm a, with my disability I’m not very very good and |
| 220 |   | they think ‘cause I I can go up and talk to people and say,     |
| 221 |   | ‘look I’ve got this I’ve got that I’ve got this,’ and they say  |
| 222 |   | ‘come on then then try it out,’ And I’m like ‘I can’t do it.’   |

223           Erm and they go 'oh my gosh you can't,' and I'm like 'yeah,  
 224           I've been trying to do this for the last like I couldn't do it  
 225           when I was 9 years old' erm and I used to get pressured by  
 226           that like I can't do this and I can't do that and I got bullied for  
 227           it and it feels like here I get bullied for it, and it feel like here  
 228           get bullied, not exactly bullied bullied but in a way like  
 229       R           Bullied by the staff?  
 230       I           Not bullied in a situation like 'oh for Gods sake you  
 231           can do this,' it's like erm, pressured to say 'look, you  
 232           can do this you can do that,' but in a way I can't.

Izzy begins by referring to how her learning disabilities are not visible to others, 'I'm bright-ish but not very bright erm, er I mean my, the way I come out I'm bright, but with my skills not.' She refers to this invisibility several times during her interviews, for example in her second interview, she states, 'I look, well I look like I'm not, that I haven't got a disability, that's what I think is the thing.' There are certain identity issues at stake here. As Rapley (2004) noted, the learning disabled identity is a 'toxic' identity, which is clearly located in the social-moral world. Therefore, Izzy faces a dilemma, which she works to overcome by firstly describing herself as 'bright-ish but not very bright er I mean my, the way I come out I'm bright, but with my skills not.' The way in which she dilematically describes herself as 'not very bright,' to counteract 'bright-ish,' and explains that she is not bright with her skills accords with a study conducted by Finlay and Lyons (2005) in which participants with learning disabilities did not deny the label learning disabilities as an assessment of their competence. These researchers found, however, that participants did reject the learning disabled label when it was associated with negative value judgements. Therefore, in this context it could be that Izzy acknowledges her learning disabilities to justify why she requires help with her skills. She simultaneously distances herself from a learning disabled identity by categorising herself with a vague label 'disabled' (219). When referring to this label, she indicates disinterest by professing uncertainty to its name 'what is it erm.' As Rapley (2004) would argue, these moves suggest that service-users are able to successfully manage issues of identity construction in talk; and this additionally draws attention to the 'commonality of membership with ordinary folk which these interviewees interactionally accomplish-rather than the essential 'otherness' of people with intellectual disabilities' (p.141).

In addition to this delicate identity management, however, between lines 221-226 we see Izzy re-orientate her talk towards guardianship and incompetence repertoires, which enables her to describe being bullied by support staff whilst maintaining a level of credibility. Here, she describes incidents where she has been asked to accomplish certain tasks. By using reported speech and adjusted footing (Goffman, 2001) to not only illustrate her own words, ('look I've got this, I've got that I've got this,' 'I can't do it,') but also that of others, ('oh my gosh you can't,') Izzy demonstrates that her disability acts as an obstacle to her success, which not only adds narrative realism to her account but also distances her from direct accountability (Abell and Stokoe, 1999). Therefore, it is not only Izzy who is witness to her inability to accomplish tasks but certain others too. Such use of reported speech and footing serves to persuasively bolster Izzy's account as real. Additionally, reference to a highly specific age (I couldn't do it when I was 9 years old) is made, which adds facticity and precision to Izzy's account (Pomerantz, 1984a). Next Izzy again constructs herself as incapable (226) by reiterating, 'I can't do this and I can't do that.' This is followed by claims that she is bullied by her carers. Initially she states that the bullying stems from her lack of competence. These references to her own incapability and incompetence position Izzy within guardianship and incompetence repertoires and potentially construct her as a vulnerable and helpless target of bullying. However, such claims of bullying as is similarly seen below in extract 24 could have significant negative consequences for Izzy as she is a service-user in receipt of care from these staff. Therefore, perhaps prompted by the interviewer question, 'Bullied by the staff?', she moves to soften her claims by reformulating the word 'bullying' to the less contentious 'pressure.' This also enables Izzy to present herself as diplomatic and reasonable, therefore making her account more convincing. Correspondingly, staff reactions of, 'oh for Gods sake you can do this,' are softened to, 'look, you can do this you can do that.' Therefore, in this extract, guardianship repertoires are drawn on as a means of justifying a need for help from support staff and also as a means of bolstering claims of being bullied or pressured. However the way in which Izzy builds up her position as unable to do certain things through the use of rhetorical devices, such as adjusted footing and reported speech, and the way she reframes her claims of bullying, perhaps serves to also demonstrate her competence in managing issues of identity and also contentious and delicate subjects.

### **5.3.2.2 Being Positioned by Others within Guardianship and Incompetence Repertoires**

This extract follows from Izzy's description of how a member of staff she was close to at a previous service passed away and how she was uninformed about it.

#### **5.3.2.2.1 Extract 23 Izzy 1-Lines 1011-1030**

- 1011 I And then when I came here, this is the day I came here he had  
1012 the car accident, so I kinda I went downhill.
- 1013 R Yeah, not the best first day
- 1014 I No I just went downhill for a few days and then I bounced back  
1015 and everythink and everyone felt, 'oh everyone's fine and  
1016 everything,' and erm so. I mean everyone's saying oh they'll  
1017 come and visit me and everything I spent a whole week mar  
1018 ringing him up until I found out he died (R Oh) So no one  
1019 bothered to tell me so I did go downhill and get angry and  
1020 frustrated and really annoyed with everyone because they didn't  
1021 bother telling me.
- 1022 R Why didn't they tell you?
- 1023 I Erm because they thought, because I was very close to him  
1024 they thought I shouldn't get told. And they told my mum  
1025 but not me.
- 1026 R So what did you think about that?
- 1027 I I was very very angry, I was really cross with them I I was  
1028 more cross with the staff and the house and everything like  
1029 that. So they didn't treat me as an adult and said 'look Izzy  
1030 should erm be treated here she.'

Izzy's account of her carer's death is built in such a way as to powerfully and convincingly demonstrate the negative consequences of being positioned within guardianship and incompetence repertoires. She begins by describing how her progress deteriorated when she moved to a different service and accounts for this deterioration by explaining that her carer had a car accident. She follows this account with a description of how she then recovered, 'then I bounced back and everythink and everyone felt, 'oh everyone's fine and everything.' During this period she describes how she made efforts to keep in touch with old friends, including the carer, not knowing that he had passed away and that his death had been kept from her, 'I spent a whole week mar ringing him up until I found out he died so no one bothered to tell me.' In describing her recovery and efforts to communicate with her carer,

Izzy adds distance between her two emotional states. Therefore, she goes from bouncing back and settling into her new residence to deteriorating further and feeling ‘angry and frustrated and really annoyed.’ This makes the way in which she was not informed of her carer’s death seem all the more appalling and is further exacerbated by her use of extreme case formulations, ‘really annoyed’ (line 1020), ‘very close’ (1023) and ‘very very angry, I was really cross’ (1027). Izzy continues by describing how her mother was informed about the unfortunate circumstances whilst she was kept in the dark. She accounts for this by explaining that she was close to her carer. However, for a person not labelled as learning disabled, it would be odd not to be told of someone’s death for this reason. It may also be worth pointing out Izzy’s comment, ‘I was more cross with the staff and the house.’ This suggests that though her mother was informed and, therefore, able to tell Izzy the news herself, Izzy expected this to come from the service. This may suggest that she held more confidence or expectation that the service would treat her as an adult than her mother.

No direct reference is made to her learning disabilities here, however, it could be inferred that she was uninformed because of her positioning within guardianship and incompetence repertoires and, therefore, her construction as an individual who is need of protection. This is further supported between lines 1029-30 where Izzy explains, ‘they didn’t treat me as an adult.’ This reference to not being treated as an adult is reminiscent of Wolfensberger’s (1972) description of the ‘deviant individual as an eternal child,’ (p.23) where people with learning disabilities are seen as much younger than their age. Consequently, individuals who hold such perceptions are unlikely to place strong or even realistically appropriate demands upon persons so perceived. However, the way in which she draws on increasing autonomy repertoires of being treated as an adult functions to strongly resist her positioning of being treated unfairly.

The next extract follows from a conversation where Freddie has been describing how he still has a close relationship with his ex wife. Here the conversation moves to his marriage breakdown. Notice how he and his wife are positioned within guardianship and incompetence repertoires as a means of justifying why they should have a divorce.

#### **5.3.2.2.2 Extract 24 Freddie 2-Lines 440-450**



440 F Yeah, I think it's a bit weird that she hasn't let go. Cos  
 441 she didn't want to get divorced. It was her mu mu her  
 442 mum and sister getting, forcing her, sort of persuaded her.  
 443 R Really? Why's that?  
 444 F Errr err (words) I think I wasn't I wasn't, I know they  
 445 always thought I wasn't good good enough for their their  
 446 Tracey (words) all all the the things that had happened that  
 447 that led led to get getting split split up. They didn't if they  
 448 didn't like me they should have said so at the beginning  
 449 but not like let us go ten years down the line and then  
 450 matey decided not I couldn't couldn't cope anymore.

The extract begins with Freddie noting that it is unusual that his ex-wife has not let go. This he explains as her perhaps not wanting to get divorced (441) and follows from an account (not seen in the extract) of how too much time has passed for them to ever get back together now. This description of his ex-wife's position enables Freddie to assume an identity of distanced rationality. He explains that the reason they got divorced was because of his in-laws' intervention (442), which he reformulates from 'getting,' to a more powerful word of 'forcing,' her to get divorced, before finally settling on a less contentious description of 'sort of persuaded her.' As seen in extract 22 with Izzy, the way in which Freddie switches between different descriptive terms suggests that there may be implications for how he describes the situation. However, though his description of 'persuaded' is less disempowering than the previous description of 'forcing,' both function to position Freddie and his ex-wife within guardianship and incompetence repertoires.

This extract is strongly reminiscent of Scior's (2003) discourse analytic study of the experiences of women with learning disabilities. Scior described how one of her participants positioned herself within a disempowering disability/guardianship discourse to explain how her parents rushed her into a decision to get married. In this context, however, Freddie's ex-wife is 'persuaded' into ending their marriage and positioned within guardianship and incompetence repertoires, which constructs people with learning disabilities as unable to make decisions for themselves. This can be seen again towards the end of the extract where Freddie explains, 'matey decided not I couldn't couldn't cope anymore,' and, therefore, he is also constructed as incompetent within guardianship and incompetence repertoires by his ex-in-laws. However, it is also noticeable that Freddie, like Izzy in extract 23, attempts to resist this positioning by stating, 'if they didn't like me they should have said so at the

beginning but not like let us go ten years down the line.’ This demonstrates rational reasoning on Freddie’s part, in how he positions himself and how he constructs his argument.

Although guardianship and incompetence repertoires function as a barrier against the choices and control that service-users have over their lives, it could be said to perform some identity work here. By advancing this repertoire, Freddie effectively shifts the responsibility of his marriage breakdown away from himself and onto his in-laws. If Freddie were to accept the blame, there is danger that any problems in his marriage may be attributed to characteristics associated with his learning disabilities, such as deviant behaviours or a lack of capacity. Additionally, as noted above, Freddie is positioned as rational, however, by invoking guardianship and incompetence repertoires, any decisions regarding Freddie’s moral character are determined by his ex-wife’s parents, ‘I know they always thought I wasn’t good (-) good enough for their their Tracey.’ Nonetheless, notice the lack of agency in these words which give a real sense of his non-participation. Therefore, though guardianship and incompetence repertoires allow Freddie to avoid responsibility for the break-up of his marriage and all its associated negative connotations, it also paradoxically constructs him as a disempowered bystander in the decisions leading to the marriage break-up. The guardianship repertoires could thus be seen in a way as protecting Freddie’s identity as a competent individual. This, however, is double edged, as when advanced by non-disabled others it performs additional disempowering work of constructing service-users as incapable and therefore obstructing their choices and control.

### **5.3.2.3 Positioning other Residents within Guardianship and Incompetence Repertoires**

One of the interviewees (Freddie) often described other service-users with learning disabilities in a manner which positioned them within guardianship and incompetence repertoires. This can be seen in the following two extracts in which Freddie explains that his requests for more independence or freedom are perceived by staff to jeopardise the safety and protection of other more vulnerable learning disabled residents. In the following extract he has been explaining why his internet access has been disconnected. Freddie attributes these restrictions to the fact that other residents are more vulnerable and have learning disabilities, explaining that staff have ‘got to

keep the other residents safe' (Freddie 2, 716-7). This accords with Finlay and Lyons (2005) suggestion that people with learning disabilities often represent other service-users who are less able as a separate group. This alternative way of categorising people they argue is no less valid than the division between individuals labelled as learning disabled and individuals who are not. The following extract begins with my questioning how Freddie's internet use could put other service-users at risk.

### 5.3.2.3.1 Extract 25-Freddie2-Lines 741-762

|     |   |   |
|-----|---|---|
| 741 | R | Umm. So how is it a risk to other residents?                  |
| 742 | F | Umm, how is it a, what put them at risk? (R Umm) Well         |
| 743 |   | the images do it more than anything. I (have got) I am        |
| 744 |   | really slow reading but it is more the pictures I suppose     |
| 745 |   | then I can see a couple of certain people going going back    |
| 746 |   | to their parents 'Oh' parents is like, saying 'oh Mum         |
| 747 |   | guess what I saw on Freddie's computer last last night'       |
| 748 |   | and then they say Mum, Mum phones up, I've had this           |
| 749 |   | happen (R Oh dear) and then Mum will Mum phones up            |
| 750 |   | Francis and says, 'look at my my,' i gets changed of          |
| 751 |   | course, it get to, 'another another resident showed my        |
| 752 |   | little my little little boy such and such" and then (each and |
| 753 |   | then you've got) Francis has to react to it doesn't he?       |
| 754 | R | But is he a little boy, the other resident? The other         |
| 755 |   | resident who [sees the images                                 |
| 756 | F | [Yeah   |
| 757 | R | Is he a little boy or an adult?                               |
| 758 | F | Same age as me (R Really) Yeah but he doesn't                 |
| 759 |   | understand. Some of them haven't got the mental mental        |
| 760 |   | age of that they are. That that's the sort of thing           |
| 761 |   | sometimes sometimes I I think it would be better better if    |
| 762 |   | I moved house MOVED OUT.                                      |

In this extract it could be argued that Freddie is working to convince the listener that he is well within his rights to view certain images. Additionally, he works to justify these rights by positioning himself as contrastingly more mature and able than other residents. Secondly, he is explaining why his internet access has been restricted, which he works to present as not occurring through any inappropriate behavioural conduct of his own. However, Finlay and Lyons (2005) noted that learning disabilities is not simply a diagnostic category but also a social category. Therefore, as a learning disabled individual, there is a chance that Freddie's claims may be rejected or treated as unreliable. This could explain why he works to construct a factual report and reduce the risk of having his claims discounted. He therefore begins by presenting a clear description of how 'the images do it more than anything.'

Here, he aligns himself with characteristics associated with learning disabilities, 'I am really slow reading,' which explains why he prefers images. This corresponds with Finlay and Lyon's (2005) suggestion that some individuals labeled as learning disabled do not deny the label as an evaluation of their capabilities. However, they also noted that individuals may reject the label because 'the nature of the label as a social construction maps awkwardly onto personal experience and social arrangements' (p. 131). This may explain why as the extract progresses, we see Freddie contrast himself from other residents he talks about, which correspondingly enables him to explain the restriction to his internet access.

Between lines 745-753, Freddie describes an incident and uses a device of active voicing (Goffman, 2001; Hutchby and Woofitt, 1998) where he changes his footing from authoring his own words to animating those of others. This description is made all the more realistic and believable by his comment, 'I've had this happen' and is received by the interviewer with a sympathetic 'oh dear.' In this section, Freddie describes how another resident has seen images on Freddie's computer and told their parents about it. The images that are referred to are constructed as inappropriate for this other resident, who is described through active voicing of the parent as 'little boy.' As seen in extract 3, this description of 'little boy,' also corresponds closely to Wolfensberger's (1972) association of people with learning disabilities as 'the deviant individual as an eternal child' (p. 23). When questioned further about this description (758-9) Freddie explains that he is the same age, 'but he doesn't understand. Some of them haven't got the mental age of that they are.' Therefore using 'but,' (758) to signify a distinction between himself and this other resident, Freddie clearly constructs other service-users as unable to understand, thus drawing on the disabled representations characteristic of guardianship and incompetence repertoires. This contrasting construction is then utilised towards the end of the extract (761-2) to justify dissatisfaction at his current situation and express a wish to move out. The way in which he explains that, 'Francis has to react to it doesn't he?' (Francis being the Chief Executive of the Institution) suggests that this repertoire also mitigates against the possibility that Freddie's actions (leading to having his internet connection removed) may have been suspect in any way since it is more probable that the protection of individuals constructed as incompetent are the reason for his lack of internet access. Consequently, using guardianship and incompetence repertoires,

Freddie constructs other residents as vulnerable and lacking comprehension. In this way he is able to explain why his access to the internet has been taken away. Meanwhile, he also contrastingly constructs himself as having a competent identity, which justifies his argument to be allowed to view these images.

The following extract is about how Freddie hopes to get some of the restrictions that have been placed on him regarding his internet access lifted. We have been discussing whether he can raise any of his objections in his annual meetings with his care team. The conversation turns to using action plans. As in the extract above, Freddie again draws on guardianship and incompetence repertoires which construct other service-users as different to him. This is used to justify why action plans fail as a means of getting his preferences met. It is also used to account for why Freddie has certain restrictions on his activities.

#### 5.3.2.3.2 Extract 26-Freddie 2 Lines 1064-1100

|      |   |   |
|------|---|---|
| 1064 | R | What are they for?  |
| 1065 | F | Supposed to be things that you want done and your your          |
| 1066 |   | key-worker to help help you with. Plans for the next I don't    |
| 1067 |   | know, improvements, co coming to to happen doesn't              |
| 1068 |   | bloody help.  |
| 1069 | R | Don't they. Why's that?   |
| 1070 | F | Well mine don't. I don't know about (in the middle of).         |
| 1071 |   | It's ea it's easier for staff to draw up an action well this is |
| 1072 |   | what I think. It's easier for staff to draw up an action plan   |
| 1073 |   | for someone that's got a learnin disability than it is for      |
| 1074 |   | someone that hasn't.  |
| 1075 | R | Why's that?   |
| 1076 | F | Cos we we speak what we think. The others go 'Yes,'             |
| 1077 |   | 'Yes,' 'Yes,' 'Yes,' 'No,' 'Yes,' 'No.' So they they don't      |
| 1078 |   | question it. They say say 'you're not supposed to do this       |
| 1079 |   | that's the proper behaviour' then they don't do it again. If er |
| 1080 |   | if sometimes we feel it's a bit us and them. Some of us do.     |
| 1081 | R | The staff do you mean?  |
| 1082 | F | What what is that?  |
| 1083 | R | Who's them?   |
| 1084 | F | Them is the staff, [us is the fer the well not any              |
| 1085 | R | [Us is the residents?   |
| 1086 | F | residents. Only about two or three of us that think like this.  |
| 1087 |   | It is it's a it's an us and them them thing. We think we        |
| 1088 |   | speak how we feel and then the others the others 'Oh,' that's   |
| 1089 |   | er you know 'we can do that,' and then we we get 'oh not        |
| 1090 |   | supposed to swear in front of them (and say different           |
| 1091 |   | things),' it is sexual "innuendoes" in front of other other     |
| 1092 |   | residents or you could say I don't know we're watching a        |
| 1093 |   | programme tele and they say something that's a bit (word)       |
| 1094 |   | and they, the other resident doesn't huh understand it and we   |
| 1095 |   | do and we joke joke about it. 'So and so and Freddie can        |
| 1096 |   | you please please not say certain, talk talk about things in    |

1097 front of the other residents,' and OH GOD. And err it's or  
 1098 you couldn't you couldn't leave it would be a real NO, NO  
 1099 if I was up here and I then left, what they call, "Improper  
 1100 Literature," lying around.

The extract above opens with an explanation of what action plans are for. Following this, Freddie immediately works to differentiate himself from the other service-users. Firstly he states that action plans are not useful (1067). This is followed by an explanation seeking and potentially threatening question from the interviewer, 'why's that?' which prompts Freddie to clarify that they are not useful to him. Although he does not explicitly differentiate himself from other residents here, his use of 'well' (1070) followed by 'mine don't' functions to suggest that actions plans work for other service-users but not for him. Therefore, it suggests that action plans do not work for him, but they are of use to the others. This is further elaborated on from lines 1072-3 where Freddie explains, 'It's easier for staff to draw up an action plan for someone that's got a learnin disability than it is for someone that hasn't.' Again Freddie does not say he has not got a learning disability. However, he makes clear by implication that action plans do not function for people who do not have learning disabilities and, therefore, do not work for him. This is made clearer when he is questioned further and he responds, 'Cos we we speak what we think. The others go 'Yes,' 'Yes,' 'Yes,' 'Yes,' 'No,' 'Yes,' 'No.' Here, therefore, Freddie explicitly categorises himself as 'we,' a service-user who speaks his mind, in contrast to 'other' service-users, those with learning disabilities, who do not. Notice the identity work here, which could be explained by Finlay and Lyons (2005) suggestion that to understand the denial of the label learning disabilities, we need to understand what the label means to the person who is so labelled, and not assume that the meaning is as that given in professional texts. Freddie is not explicitly denying that he has learning disabilities. However, he is denying a version of learning disabilities that does not allow him to speak his mind. This construction of other service-users as unable to think for themselves fits the common perception that they are predisposed to acquiescing (Sigelman et al, 1981; Shaw and Budd, 1982) (see Rapley, 2004 for a discussion which challenges this notion). It also perhaps constructs them as being partially accountable for the lack of choices and control over their lives. Freddie on the other hand describes how he contrastingly tries to gain ownership over his life choices, 'We think we speak how we feel.'

From line 1080 Freddie continues to differentiate himself from other residents. His utterance, ‘sometimes we feel it’s a bit us and them,’ elicits further clarification from the interviewer, who does not treat the learning disabled identity as fragmented but seeks to confirm whether by ‘them’ Freddie is referring to the staff. This is unsurprising given that researchers often fail to acknowledge the diversity of people labelled as having learning disabilities. As Walmsley and Downer (1997) noted, this label includes people with a variety of social characteristics, abilities and medical conditions and with different ethnic and cultural backgrounds. Although some people with learning disabilities may share an oppressive history, they may not all share the same interests. Freddie concedes that ‘them’ refers to staff, following a question seeking clarification, ‘The staff do you mean?’ However, he then goes on to distinguish a small group of residents including himself (us) from the other service-users (them). These other service-users he continues to construct as childlike (1090), sexually innocent (1091), and lacking in comprehension (1094), which positions them firmly within guardianship and incompetence repertoires and in need of protection. In relation to this Freddie advances an account of an incident where he and another resident are chastised by staff in order to protect other residents. Here reported speech is used (Holt, 1996; Hutchby and Woofitt, 1998) which increases the facticity of Freddie’s account. This, combined with Freddie’s expressed frustrations of ‘Oh God,’ is mobilised to demonstrate how constructions of other service-users as vulnerable and innocent (which pertain to guardianship and incompetence repertoires) function to restrict Freddie’s freedom of action; for example, ‘it would be a real NO, NO if I was up here and I then left, what they call, “Improper Literature,” lying around.’ Freddie’s reference of ‘up here,’ is to the unit within the service where the interviews are taking place. This unit has been described by staff and residents (including Freddie) as for more dependent and less capable service-users than the more independent unit where Freddie lives. This therefore, serves as another reference to of the difference between Freddie and the service-users ‘up here.’

In the following extract I begin to question Julie about her relationship with another service-user called Danny.

#### **5.3.2.3.3 Extract 27-Julie-Lines 923-38**

923 R So you were telling me about your Danny  
 924 J Yeah my boyfriend yep  
 925 R Yeah, how often do you see each other?  
 926 J Sometimes we go out. But we usually go out in a gro you know  
 927 all of us all thirteen but I sit and listen to him on the bus and stuff  
 928 like that. We're mates.  
 929 R Do you ever go out just the two of you?  
 930 J We ave done a couple of times. He wanted to take me out more  
 931 often but the staff sa, ee has fits see, I mean ee, I don't like I said,  
 932 anymore. I have panic attacks but he has fits  
 933 R Umm So the staff were worried?  
 934 J Yeah, he wanted and they said go out with one of the staff. You  
 935 know and they drop you there and then they come back and pick  
 936 you up which I thought was quite, but he didn't get it.  
 937 R Umm. What did he think about it?  
 938 J He said it was all right.

Using terms which indicate a familiar and established topic I begin by asking Julie about 'your Danny.' She accepts this and confirms that he is her boyfriend (924). However, in line 928, she demotes this status to 'we're mates.' Edwards (1991) noted that categories may be actively mobilised in talk in ways that hold consequences and implications for the speaker. One such accomplishment is making certain dispositions or activities inferentially available. It is of course possible that Julie is acknowledging that she and Danni are friends as well as a couple. However, this description of her relationship with Danny follows my question of how often they see each other, which draws out a description of how she and Danny more often go out as a group of residents than as a couple. It is therefore possible here that because Julie and Danny's relationship seems more conducive to a friendship, Julie demotes their relationship away from that of a couple.

From line 930 it becomes clearer why Julie and Danny do not often go out alone. Here, Julie explains that Danny wanted to take her out more, but is restricted because he has fits. She begins with 'the staff sa,' before cutting this off and presenting a repair (Hutchby and Wooffitt, 1998) 'ee has fits see.' It is feasible that Julie would have said here that 'staff say Danny has fits,' or, 'staff say we can't,' which would clearly have demonstrated staff positioning Danny within guardianship and incompetence repertoires. However, as a consequence of the repair, we see Julie positioning Danny within this repertoire instead, then positioning herself within this repertoire: 'I don't like I said, anymore. I have panic attacks but he has fits.' Towards the end of the extract Julie reverses Danny's response to the staff suggestion that they



go out with a member of staff from, 'he didn't get it,' (936) to, 'he said it was alright' (938). This could be interpreted as a softening of a potential claim of dissatisfaction. Indeed, such an expression has been described by Goble (1999) as 'emotional blandness' (p. 453), whereby service-users frequently use the term 'alright,' to describe how they feel about particular circumstances. This, he argued, demonstrates a tendency amongst service-users to be reticent in expressing strong emotions. Julie continues by stating, 'I thought was quite.' However, though she does not complete her statement here, the use of 'but,' to introduce Danny's comparative negative reaction allows her to express discontent whilst distancing herself from direct accountability. After all, it is not she who is dissatisfied, but Danny who 'didn't get it.' Therefore, in this extract we see Julie position herself and Danny within guardianship and incompetence repertoires as a means explaining why they do not go out alone as a couple. We also see how she delicately and competently manages contentious issues such as voicing discontent. However, it is possible that such talk may have the effect of undermining any opportunities to increase service-user choices and control because service-users may be reticent in voicing their discontentment when their choices are not fulfilled.

There were three main ways in which service-users invoked guardianship and incompetence repertoires. They either positioned themselves within such repertoires, described being positioned by others within such repertoires or positioned other service-users within such repertoires. This produced different discursive outcomes such as constructing a competent identity, managing and attributing blame and managing controversial subjects. For example, under the subheading 'Positioning Oneself Within Guardianship and Incompetence Repertoires' we saw how Izzy (extract 22) positioned herself within such repertoires to bolster her claims of being bullied by the staff. This enabled her to simultaneously demonstrate her competency in managing talk on such a delicate topic. Under the subheading 'Positioned by Others within Guardianship and Incompetence Repertoires,' Freddie (extract 24) described how his in-laws positioned his ex-wife within such repertoires by persuading her to get a divorce. The way in which these repertoires were invoked enabled Freddie to shift the responsibility of his divorce away from himself and onto his in-laws whilst also allowing him to preserve his identity as a competent individual. Finally, by positioning other residents within guardianship and

incompetence repertoires we observed how Freddie was able to justify and explain why certain preferences (such as having unrestricted internet access) were controlled. This allowed him to present himself as competent in contrast to other service-users and to deny a version of learning disabilities which conflicted with his identity of speaking his own mind.

### **5.3.3 Resisting Staff/Carer Power**

This section focused on various ways in which service-users spoke of resisting staff/carers power. Staff power was described in different ways, for example Freddie (extract 28) spoke of homophobic staff reactions which resulted in having his choices limited. Kelly (extract 29) described being constructed by her family as a member in need of support and care. She also withstood the interviewer assumption that her family make decisions for her. Bridgette on the other hand (extract 31) spoke of her dissatisfaction and in doing so oriented to the possibility that her account as a learning disabled individual would be treated as unreliable. One of the ways in which service-users resisted being positioned in these disempowering ways was by advancing an increasing autonomy repertoire. For example, Freddie (extract 28) requested equal participation in his choices and described what he would call a compromise with staff. Another way in which speakers resisted being positioned as incapable and unreliable was by constructing themselves as competent, thus challenging their positioning within guardianship and incompetence repertoires.

The extract below follows from extract 26 above where Freddie was describing how staff find it easier to make action plans for people with learning disabilities. The conversation moves on to how Freddie tries to restrict activities which are considered inappropriate by staff (for example having access to 'improper literature') to his room. Freddie describes here how his choice of calendar is deemed inappropriate, perhaps because of homophobic reactions from the staff. He is asked to remove the calendar, which he resists by voicing what he would consider to be a fairer compromise.

#### **5.3.3.1 Extract 28a-Freddie 2-Lines 1134-1158**

- 1134 R So you can do what you like in your own room?  
1135 F Yeah I was supposed to be able to decorate your room  
1136 how you want. But I got I. That stopped once put some

1137           some what is it? You know you know in at the end of  
 1138           December you can go into erm some shops in town and  
 1139           you get there's all these different calendars. And I I got  
 1140           got a fire fire-mans a fire fighters one and I put put it up  
 1141           on the wall and got told to take it down.  
 1142       R       Really?  
 1143       F       Yeah  
 1144       R       Why was that?  
 1145       F       It was just it was just you know just beefy fireman. I do I  
 1146           can't I do know just just showing their chest off or  
 1147           something. I don't er really, really, really peed me off.  
 1148           Huh  
 1149       R       That seems unfair doesn't it?  
 1150       F       That's that is something that everyone else has a favourite  
 1151           calendar there huh. So I don't don't bother any more I  
 1152           don't huh.  
 1153       R       So did you say you didn't want to take it down?  
 1154       F       No one told me I couldn't put it up. And er 'if you want  
 1155           to put it up put it up on your insi in inside of your  
 1156           wardrobe.' Oh don't BOTHER. I mean what's the point.  
 1157           You got to open your draw wardrobe every time you want  
 1158           to look at the picture. I mean that's stupid

The extract begins with the question, 'can you do what you like in your own room?' As mentioned above, this follows from Freddie describing how he tries to limit activities which are considered inappropriate by the staff to his bedroom. Freddie responds immediately by describing how an agreement with the service to decorate his room according to his own taste has been breached. Notice, however, the way in which this is phrased in the past, 'I was supposed to be able to decorate,' and is followed by a 'but,' which allows Freddie to both attend to the interviewer's question and as Abell and Stokoe (1999) noted, to extend the question in the direction of other rhetorical business, that of only being able to decorate one's room within a remit of what is considered acceptable. Between lines 1135-6, Freddie is also seen manipulating his use of pronouns from 'I' to 'your' and 'you.' This has similarly been noted by Abell and Stokoe (1999), in their discourse analysis of Princess Diana and the negotiation of blame in the Panorama interview, where they described Princess Diana as shifting her footing from 'I' to 'one' and 'you' as she approached more controversial features of her responses to questions. In this context, Freddie's use of pronoun switches from 'I' to 'your' and 'you' as he begins to disclose that he was stopped from decorating his room as he wished. Abell and Stokoe (1999) argued that such a change in pronoun decreases accountability and increases the rhetorical distance between the speaker and their utterances. Indeed, within the same context, a few moments before this extract Freddie was questioned about his involvement in his

annual meetings. His reluctance to raise contentious issues is shown in his response: ‘Got to be careful what you say. (R Really?) I do. I feel like that. You start going up again against, ‘Shut up, arhh’ if if you start going up against the, fucking the system and all what they agreed agreed to.’

Next Freddie engages in mundane description, drawing on common knowledge between himself and the interviewer, (‘You know you know in at the end of December...’), which constructs his account as ordinary and unexceptional. The innocence of his activities are emphasised by his use of minimizations, ‘just beefy fireman,’ and ‘just just showing their chest off or something.’ Contrastingly, extreme case formulations (Pomerantz, 1986) are used in lines 1147 ‘really really really peed me off,’ which strongly stress Freddie’s frustrations at the unfairness of staff reactions. Indeed, this is echoed by interviewer, ‘That seems unfair doesn’t it?’ Unfairness of his treatment is shown again in line 1150 ‘everyone else has a favourite calendar there huh,’ where Freddie appeals to a liberal repertoire of equal treatment for all to resist having his preferences restricted. This may have been prompted by the interviewer’s expression of unfairness. However, frustrations are expressed two more times, ‘I don’t don’t bother any more I don’t huh,’ and ‘Oh don’t BOTHER. I mean what’s the point,’ which give the sense of Freddie being defeated in his fight to have his own choices.

As the extract progresses, Freddie explains how it was suggested that he put his calendar up on the inside of his wardrobe. Active voicing is used (1154-5) (Hutchby and Woofitt, 1998) thus increasing the realism of his account. This calendar contains erotic images of men, therefore, it could be inferred that this suggestion is the product of homophobic staff reactions. This is seen later in the interview when he is asked if he would be allowed to display calendars of women, to which he responds, ‘some of these pictures that other fellows have got she ain’t got anything on. I mean they’re allowed to put it up in their room.’

### **5.3.3.2 Extract 28b-Freddie 2-Lines 1159-1181**

|      |   |                                   |
|------|---|-----------------------------------|
| 1159 | R | Yeah. So that was the compromise? |
| 1160 | F | No compromise to that.            |
| 1161 | R | No?                               |

1162 F No no that yeah oh sorry, that I don't call that a  
 1163 compromise.  
 1164 R So their idea?  
 1165 F Not being able to have it on the wall but inside the  
 1166 wardrobe that wasn't a compromise to me. Like you said  
 1167 it it wouldn't be I don't er it wouldn't be a compromise if  
 1168 they said you could have your you have your phone line  
 1169 internet back if they er they had a if staff staff put a  
 1170 security thi thing on it you know like like you've put on  
 1171 for chi stop children accessing stuff, you know what I  
 1172 mean? Net nanny or something.  
 1173 R Child lock, yeah.  
 1174 F Er that'd be a compromise. I'd have to agree be be how  
 1175 d'you go through the li list of sites that I want access and  
 1176 go through em one by one and say you know, all all  
 1177 individually. I wouldn't want mem members of staff to  
 1178 sitting and draw the list up without me in on it, cos I'd  
 1179 find that unfair, I'd go with that.  
 1180 R So that would be a compromise?  
 1181 F That would be a compromise.

Following the discussion of putting the calendar inside the wardrobe door I ask if it was a 'compromise.' The manner in which this question is asked assumes that negotiations have taken place, 'that was the compromise?' Such negotiations were described in the first study in chapter 4. Here it was found that as well as having a responsibility of facilitating client choice and control, staff were also faced with many other conflicting agendas, such as supporting the development of skills to facilitate integration, ensuring client health and safety and also ensuring that service-users understood that there were certain boundaries to free choice and liberty. Under the subheading 'solving dilemmas,' staff described facilitating service-user choices in two ways: providing service-users with negative consequences and guiding service-users by providing tailored information. These approaches provided staff with the discursive space to negotiate with clients in a manner which did not directly offend against the staff duty of facilitating choices. Thus, they were able to ensure that their client needs were met as well as those of the service.

My assumption that a compromise has taken place here is firmly resisted three times by Freddie, 'No compromise to that' (1160), 'No no that yeah oh sorry, that I don't call that a compromise' (1162-3), and 'Not being able to have it on the wall but inside the wardrobe that wasn't a compromise to me' (1165-6). Amongst these dismissals I issue a verification question, 'So their idea?' which he confirms: 'like you said.' He elaborates on this in line 1167 using another example of having his internet access

limited. The way he does this strengthens his definition of what he wouldn't class as a compromise and what would be a compromise. Therefore, proposals which are suggested by staff without his input are rejected as compromises (1177-79) whilst suggestions that involve his participation are acceptable compromises (1174-77). This resistance to staff arrangements and the way in which Freddie outlines what for him would be a compromise in which his full participation is involved, demonstrates the use of more liberal increasing autonomy repertoires which stands against having his preferences restricted. Though it was not examined extensively, compromise was also a solution that was occasionally mentioned by care staff in the first study as a means of resolving their incompatible responsibilities. This seemed to resemble Freddie's conception of compromise, whereby service-users participate and are fully involved in any decisions made by staff regarding their requests.

The following extract follows a lengthy description of Kelly's epilepsy which justifies why she feels she cannot move out of the service and live elsewhere, such as with a friend or in a place of her own. With this description Kelly positions herself strongly within the guardianship repertoire, which is reinforced in the extract below in how her siblings also position her within this repertoire and offer to take her in. However, this is resisted by drawing on an increasing autonomy repertoire whereby she firmly states that she controls her own decisions and suggests that she knows her own mind.

### 5.3.3.3 Extract 29 Kelly-Lines 616-635

|     |   |   |
|-----|---|---|
| 616 | R | so the reason you can't move on you think is because of your    |
| 617 |   | condition?  |
| 618 | K | Well at the moment, I probably will be able to in the future er |
| 619 |   | erm. I don't know what my brother and my sister have got in     |
| 620 |   | store for me er what ideas they've got erm but not not a lot    |
| 621 |   | really.   |
| 622 | R | So will they decide?  |
| 623 | K | I don't, no I don't think so. Er I'll I'll I if I want to do    |
| 624 |   | something I'll do it, I'm quite head strong. Erm and they did   |
| 625 |   | actually offer, when first Mummy went, er when she died,        |
| 626 |   | erm they s they said, they offered for either one of them to    |
| 627 |   | have me living with them. But I thought, 'well no that would    |
| 628 |   | just be awful, because I'd be piggy in the middle er with their |
| 629 |   | spouse you know or their erm you know husband. Erm and I        |
| 630 |   | and the the one the aunty that got in the way all the time' you |
| 631 |   | know and with three children as well saying, 'you're not        |
| 632 |   | you're not my parent, I don't have to behave to you,' you       |
| 633 |   | know and and s. Not that they're they're really sweet children  |
| 634 |   | but erm I could see it going that way and so I thought the best |
| 635 |   | the best thing is to get a clean break you know so.             |

The extract begins with the interviewer seeking confirmation that the reason Kelly cannot move is because of her epilepsy. Kelly receipts this but clarifies that it is the current reason. She then expands on this by stating, 'I don't know what my brother and my sister have got in store for me or what ideas they've got.' This is typical of service-users being positioned by others within guardianship and incompetence repertoires and suggests that it is Kelly's siblings who decide what her future holds. Verification is sought, 'so will they decide?' which also positions Kelly within these repertoires. To affirm this, however, would imply that Kelly accepts this position, therefore she immediately resists this by invoking an increasing autonomy repertoire of free will 'I don't, no I don't think so. Er I'll I'll I if I want to do something I'll do it.' She also describes herself as being 'quite head strong,' which suggests she knows her own mind, a characteristic not often associated with individuals with learning disabilities. Such a construction of knowing one's mind has been seen previously in an article by Rapley et al (2002), where an interviewee constructed herself as a competent and independent agent to contrast the 'toxic identity,' (p. 814) ascribed to her by others. In this context, Kelly similarly works to contest a negative disabled identity (and the assumption that her siblings have something in store for her) and its associated positioning within guardianship and incompetence repertoires by constructing herself as competent and evoking an increasing autonomy repertoire of knowing her own mind. This is further elaborated by describing how her brother and sister both offered to take her in after her mother died (625-8), which might have been a more comfortable or easier option for Kelly. However, using active voicing (Hutchby and Woofitt, 1998) Kelly changes her footing to author her thoughts (627-632) which not only demonstrates how she has thought this proposal through, but also makes her accountable and in control of her utterances (Abell and Stokoe, 1999). This contrasts with the way in which Freddie changed his footing in the extract above to distance himself from his disclosure that he was prevented from decorating his room as he wished.

Common expressions such as 'piggy in the middle,' 'the aunty that got in the way all the time,' and 'you're not my parent, I don't have to behave to you,' are used in this section in the form of a three part list (Jefferson, 1990), which emphasise the ordinariness of the problems associated with Kelly's situation and the naturalness of her decision to take charge and 'get a clean break.' From lines 631-2 it can be seen

that Kelly works to legitimise and add validity to her account. She does this by again changing her footing to become author of the childrens' words, 'you're not my parent, I don't have to behave to you.' However, in doing so she risks presenting the children as rude and badly behaved. This she overcomes with the disclaimer, 'Not that they're they're really sweet children but.' The way in which Kelly advances an increasing autonomy repertoire to resist being positioned within guardianship and incompetence repertoires is an indication of her awareness of her standing within her family as someone who is treated as needing to be taken in or requiring support. This positioning is challenged by how she orientates to normative expectancies of being aware of her family's needs, and how she responds by getting 'a clean break.' Therefore, she also simultaneously constructs herself as a competent individual who is aware of her options and the implications of them.

In the following extract Julia makes several comments which resist being positioned within guardianship and incompetence repertoires by constructing herself as a competent individual. Here she is talking about her role as a secretary.

#### 5.3.3.4 Extract 30 Julie-Lines 745-791

- 745 R Tell me what you do then? You said you were a  
746 secretary?  
747 J No what I di I do, I do, three times a week. And I don't think I I  
748 don't do I can do you know I can take messages, I ain't really a  
749 secretary, I'm just a gofer. You know I go fer this go fer that.  
750 No I run, go down, come down there if they want the finance  
751 office sommink or go round to the units to deliver leaflets that De  
752 you know that Delia types up. Yeah I sit and read me, I do  
753 crosswords, you know word search, stuff like that and reading  
754 while I'm there waiting for the telephone to go or Delia for Delia  
755 to send me on a job. They all reckon I'm really good at it.  
756 R Oh that's nice. So how did you get that job?  
757 J They just asked me out of the blue

(A few lines omitted for clarity)

- 784 J Tomorrow I'm gonna get pick up my wages, cos I get paid in  
785 the morning.  
786 R Oh, that's nice  
787 J It's good, I mean I I do my best and they do their best. I I ty I  
788 mean, I stopped with the dress today, you know this came, but  
789 tomorrow I will put on a skirt and top. (R Yeah) Yeah I I I did  
790 it out of me own back and they reckoned I was clever to think  
791 of it. Huh I mean if I wanna keep the job I gotta do it.



The extract starts with a question about Julia's job which seeks confirmation that she is a secretary. This question stems from a previous statement early in Julia's interview, where she says, 'I'm like a secretary.' However here she downgrades this role to that of a messenger or 'gofer.' She begins by immediately responding negatively, 'No what I di I do.' This is reiterated in line 747-8, 'I don't think I I don't do,' before she establishes what she does, 'I can take messages, I ain't really a secretary, I'm just a gofer.' The way in which Julia demotes her position gives the sense of her having a valueless and menial job, which is also indicated by the way in which she says, 'No I run, go down, come down there if they want the finance office sommink or go round to the units to deliver leaflets,' and 'I'm there waiting for the telephone to go or Delia for Delia to send me on a job.' This has the effect of constructing her as a dogsbody. Despite this, however, there are three instances in the extract where Julia refers to being good at her job and trying her best. These can be seen when she states, 'They all reckon I'm really good at it' (755), 'I do my best and they do their best' (787), and 'they reckoned I was clever to think of it' (790). However, Julia faces a dilemma here. To accept these compliments within the context of the devalued construction of her job, she would by association be accepting remarks which could be interpreted as patronising. Additionally, the way in which she was given the job, 'out of the blue,' without formal consideration of her qualities may imply benevolence on the part of her employer and, therefore, positioning within guardianship and incompetence repertoires. However, towards the end of the extract we see how this is overcome or resisted in a manner which enables her to maintain a competent identity. Between lines 788-89 Julia describes how she didn't dress up for work today because she had an interview with me. However, on usual occasions (for example tomorrow) she will put on a skirt and top. This not only demonstrates to me that she is capable of good self presentation at work, she also neatly reverses the positioning of staff from being complimentary (they reckoned I was clever to think of it) to patronising, by remarking, 'Huh I mean if I wanna keep the job I gotta do it.'

This is reminiscent of an extract in Rapley's (2004) book on the social construction of intellectual disability, where an interviewee with learning disabilities is talking about her typing practice. The interviewer questions if this training is to get a better job and the interviewee responds, 'yes (.) of course (.) Why do you think I'd be doing it' (p. 134). Rapley explained that this utterance not only positions the interviewer as

stupid, it also positions the interviewee within a category of 'ordinary folk' who 'of course' know why they attend these courses. In this context Julia also is able to position herself as a member of a category of 'ordinary folk,' by constructing herself as having a competent identity and ensuring that as is expected of all other individuals she is well presented for work and, therefore, has a chance of keeping her job.

In the following extract we see how an interviewee with learning disabilities may resist having her account treated as unreliable, thus allowing her to convincingly express dissatisfaction. This account follows the interviewer question of what the interviewee thinks about the staff that support her. She responds with an account of how she was unhappy with the way one of the staff did her hair. As the extract progresses, she reveals that she wanted someone else to do her hair. Finally it transpires that she does not feel able to voice her dissatisfaction as it is always met with disapproval.

### 5.3.3.5 Extract 31 Bridgette-Lines 359-414

- 359 B Janet is alright, Janet and (word) alright. Erm Mark, Sandra and  
 360 Emily, just come back from her holiday. That new Vicky, erm,  
 361 she washed my hair last Thursday, she couldn't know how to  
 362 put do my curlers. She did that and it was awful.  
 363 R Really?  
 364 B Yeah. She couldn't do it like Sandra and Emily.  
 365 R Yeah. So what happened?  
 366 B Don't ask me I was it was (words) it was ugly. It was really  
 367 really ugly. She cou  
 368 R Did you tell her?  
 369 B No, she couldn't do it. She hadn't been to the hairdresser.  
 370 R Oh dear  
 371 B This was only the first time she'd done it. I showed Sandra,  
 372 Sandra 'no' Sandra said 'don't let her do it.'  
 373 R Did you did you ask Vicky to do it for you?  
 374 B No I asked Sandra, I asked Sandra to do it.  
 375 R So why did Vicky do it?  
 376 B She can't she's not a good hairdresser. You know that thing you  
 377 go on top like San like Sandra did?  
 378 R Yeah  
 379 B She put it on top, you know she did that and it looked ugly.  
 380 R Oh dear, that's a shame.  
 381 B Sandra said Sandra said she's not a she's not a good you know  
 382 and Janet and Janet's not very good with her. She she doesn't  
 383 do (word) she doesn't do anything with Mark on Thursday.  
 384 R Really?  
 385 B Yeah.  
 386 R So what happens if you're not happy with a staff member?  
 387 B Erm I'm happy really. That new staff, that new Vicky, you  
 388 know when Janet tells her to do something, she just stands

389           around do nothing you see. And she burned and she burned  
 390           Natalie with hot water, with the shower on Monday  
 391       R       Oh dear  
 392       B       Yes she do bath Natalie properly, she just burned Natalie right  
 393           on the side there  
 394       R       Ouch  
 395       B       Natalie told Sandra about it, Sandra was not very pleased  
 396       R       No that's awful  
 397       B       It is. I I can't say nothing to Vicky that new staff  
 398       R       So do you have to do you have to have Vicky doing your hair or  
 399           can you choose someone else?  
 400       B       No I choose Sandra or Emily, one of those two, Emily or Sandra  
 401           it do it properly  
 402       R       Yes  
 403       R       Yeah  
 404       B       Yeah you can see Sandra has done it really well  
 405       R       It looks lovely now it does look nice  
 406       B       Yeah I'm very pleased I've had a nice shower with her, this  
 407           morning before lunch, I had a nice hot shower.  
 408       R       So what what happens if Sandra isn't working or Emily, who do  
 409           you, do you have to have Vicky?  
 410       B       I don't know what to do huhuhu I'm just going to leave it dry.  
 411           I'm just going to I can't I can't say it, otherwise if I say it I will  
 412           be in the wrong.  
 413       R       Oh dear, why is that?  
 414       B       I don't know. I get told off for any anything

Bridgette begins by describing a situation in which one member of staff (Vicky) did an 'awful' job on her hair. She commences by listing the staff that she likes, which contrasts her negative opinion of Vicky, justified by the description of the 'awful' job. By naming staff and indicating that she likes the majority of them, Bridgette simultaneously presents herself as reasonable and diplomatic. In line 364 and between lines 400-7 contrast structures (Hutchby and Wooffitt, 1998; Speer, 2002) are used, which enables Bridgette to compare good staff members (Emily and Sandra) and good staff practice with bad staff practice (Vicky's). Therefore, the greatest disparity is shown between how Bridgette's hair was done by Vicky and how she would have preferred for it to have been done. This is reinforced by the use of extreme case formulations (Pomerantz, 1986), which in the case of bad staff practice is expressed as, 'really really ugly,' whilst good staff practice is emphasised by extreme case formulations such as, 'Sandra has done it really well,' and 'I'm very pleased.'

As an individual with learning disabilities, there is a chance that Bridgette's account may be treated as unreliable. However, notice how she overcomes or resists this by constructing her account in ways that add supportive consensus to her dissatisfaction.

In response to the interviewer question, 'what happened?' she states, 'don't ask me,' before repeating, 'it was ugly.' This suggests that she does not want to be asked. Later we shall see why this may be the case. Additionally, using active voicing (Hutchby and Wooffitt, 1998), she presents the views of others such as, 'Sandra said 'don't let her do it' (372) and 'Sandra said 'she's not a she's not a good' you know and Janet and Janet's not very good with her. She she doesn't do (word) she doesn't do anything with Mark on Thursday' (381-3) Janet and Mark are both staff members in this latter statement. Therefore, by presenting the views of other potentially more authoritative staff, Bridgette adds credibility to her account whilst simultaneously minimising her own accountability for such viewpoints. Indeed, how could Bridgette's dissatisfaction with Vicky be questioned if other staff have similar views? Between lines 389-397 Bridgette also advances an account of how Vicky burnt another resident. This account immediately follows one of Bridgette's descriptions of the opinions of other staff ('that new Vicky, you know when Janet tells her to do something, she just stands around do nothing') and begins with 'And,' as though Bridgette is adding yet another negative to a list. These comments all function to discredit Vicky as a good member of staff.

It is noticeable that this rather alarming account of how Vicky 'burnt' another resident follows from Bridgette's explicit utterance of being happy (387). As has similarly been noted in, for example, extracts 22 and 24 above, where interviewees reformulated explicit complaints to soften their grievances, it could be that such an utterance acts as a way of 'doing having a good quality life' (Rapley, 2004), whereby service-users are reticent in expressing concerns over their living situation and instead make explicit statements of being happy and comfortable.

During this extract, Bridgette also makes a few references to not being able to express her dissatisfaction, for example she states, 'I can't say nothing to Vicky that new staff,' 'I can't I can't say it, otherwise if I say it I will be in the wrong,' and 'I get told off for any anything.' As mentioned previously, her utterance 'don't ask me,' in line 366 is a request to not be questioned about such a contentious issue. Moreover, when explicitly asked in line 368 if she had made Vicky aware of her dissatisfaction, Bridgette (perhaps tactfully) avoids the question. She replies in the negative in answer to the question of whether she had requested that Vicky do her hair. However,

she again (perhaps tactfully) avoids explaining why her requests for Sandra were not taken up (373-6), 'No I asked Sandra, I asked Sandra to do it. (R So why did Vicky do it?) She can't she's not a good hairdresser.' These suggest perhaps that in contrast to explicit expressions of happiness, expressing dissatisfaction is not encouraged or supported in this situation. A reluctance to express dissatisfaction with one's situation has been noted by Worrell (1987; p. 35) within the context of self advocacy meetings, where it was noted that people with learning disabilities may feel apprehensive about revealing their true problems at meetings. 'Members may be deterred by rules of operation such as, "don't rock the boat by raising real problems in your life that the members of the group might identify with. We may have a revolt on our hands."' Complaining about conditions within services may have negative implications and contain severe individual penalties for the service-users concerned. Indeed, in a study by Jingree et al (2006) it was found that residents were encouraged to make explicit statements of having choice and control, whilst expressed dissatisfaction was ignored and requests were not taken up. In this context, the way in which Bridgette structures her account to convincingly demonstrate dissatisfaction whilst maintaining a distance from direct accountability may orient to the possibility that her account may not be taken up or even treated as reliable. Additionally her open expressions of happiness and her sensitivity in responding to certain potentially contentious questions perhaps indicate cautiousness towards explicitly expressing discontent and carefulness in producing a more even-handed account.

#### **5.3.4 Explicit Expression of Choice, Control and Other Institutional Values**

Many interviewees often spontaneously produced affirmations of service philosophies. These were typically un-prompted by the interviewer and included expressions of having choice, being happy and keeping one's room tidy. In a previous study using conversation analysis (Jingree et al, 2006), however, such expressions were found to be prompted by the support staff. Here verbal interactions were examined between service-users and care staff during residents' meetings which were organised to empower service-users and provide a venue for free expression. It was found that staff were more orientated towards encouraging service-users to produce public affirmations of service philosophies through the use of prompts and providing candidate answers to questions. These practices were found to not only guide service-users into expressing positive experiences of equality, caring

relationships with staff members and happiness with the service provided, but they also interfered with enabling residents to voice any concerns. As has been observed in some of the extracts above, interviewees may similarly orient to what Rapley (2004) termed ‘doing having a good quality life,’ which entails demonstrating that they are happy with their personal situation, (see for example extract 31 where Bridgette was seen explicitly stating ‘I am happy really,’ whilst voicing dissatisfaction). This he argued could function to neutralise any possible negative outcomes associated with expressing discontent. Similarly service-users have also been observed avoiding making explicit complaints. In the present context for example, Freddie was seen rephrasing descriptions of his ex-wife being forced into ending their marriage by avoiding any negative implications associated with making such accusations (extract 24). Similarly Izzy in extract 21 was observed reframing claims of being bullied to being pressured.

In the following extract affirmations of service philosophies are frequently advanced in a manner similarly observed by Rapley (2004). Rapley noted that interviewees often orient to interviews as though they were tests whose outcomes could have potentially serious consequences (for example as assessments of the interviewees’ suitability to continue receiving the services provided). As a result the ordinary expectations of question sequences may be viewed as more threatening. The next extract follows from a discussion of how Lawrence lives in a care home with fourteen other residents.

#### **5.3.4.1 Extract 32 Lawrence-Lines 43-74**

- 43 R Did you choose the other residents?
- 44 L I like I like the residents, I do.
- 45 R You do
- 46 L No arguing at home,
- 47 R Oh that’s good
- 48 L the staff don’t like it.
- 49 R And what do you think of the staff?
- 50 L They don’t like it, I I agree
- 51 R No why not?
- 52 L No I don’t. No arguing in in here, no no arguing at
- 53 home.
- 54 R The staff?
- 55 L Yes
- 56 R What, do arguments usually happen?
- 57 L Yes, she’s (happy)
- 58 R Why do they happen?

59 L I am happy  
 60 R That's good  
 61 L I am  
 62 R That's good news  
 63 L Yep  
 64 R So you like where you live?  
 65 L Yes I do  
 66 R What's your room like?  
 67 L Tidy  
 68 R Oh that's good, who keeps it tidy?  
 69 L Yes  
 70 R Do you do that?  
 71 L Yes  
 72 R Do the staff tell you to do that?  
 73 L Yes, the staff knows yes  
 74 R What happens if you don't keep it tidy?  
 75 L I like tidy up my room, I do.

The extract begins with the question 'did you choose the other residents?' It is unclear whether or not Lawrence understands this question as it is rather obscure and ambiguous in its meaning. Nonetheless, rather than producing a straightforward 'yes,' or 'no,' he responds by expressing his contentment with other residents, which he follows with a confirmatory, 'I do.' This goes further than saying he has choice over who he lives with but indicates that he is happy with his housemates. We do not know what Lawrence would have said in terms of having choice over where he lives. However, the way in which he expresses contentment allows him to delicately sidestep the question and defend against potentially threatening questions. In this way the question of whether he chooses other residents or not becomes irrelevant since Lawrence likes them anyway. (It is also important to point out, however, that Lawrence may not have understood the question here). In line 45 I repeat and reformulate his utterance of 'I do,' which allows him the discursive space to elaborate on his statement. However, Lawrence follows this up with, 'no arguments at home.' This comes across as another affirmation of institutional values and indeed its inducement can perhaps be explained by staff disapproval of arguments (48). Here this statement's relationship to his previous utterance of liking the other residents becomes relevant. In conjunction with this claim, Lawrence's statement of not arguing because the staff do not approve may suggest that he is *expected* to like other residents, not argue with them and therefore be satisfied with who he lives with. Therefore, within these few lines, several institutional values (for example expressing contentment by liking other residents and complying with house rules such as not

arguing) are affirmed whilst simultaneously Lawrence is seen expressing satisfaction and acceptance of those he lives with.

Between lines 49-58 the dialogue between interviewer and interviewee becomes disjointed with the interviewer misunderstanding much of what Lawrence says. For example, in line 51 the interviewer's question of 'no, why not?' may be a follow-on from 'what do you think of the staff (line 49) and a misunderstanding of Lawrence's response in line 50 of 'they don't like it,' to 'I don't like it.' Also between lines 56-8 it is possible that I mistake Lawrence's utterance of 'happy' for 'happen.' However, Lawrence is consistent in his discussion and continues to affirm that the staff do not like arguments and that he endorses this rule. This is a perfectly reasonable stance to take and positions Lawrence as not only compliant with staff rules but also responsible and rational.

In line 58 Lawrence explicitly states that he is happy. This utterance seems rather out of the blue, particularly given that it follows on from a discussion of arguments. As previously mentioned it is possible that the word 'happy' is produced here as a consequence of the miscommunication between interviewer and interviewee, where 'happy' and 'happen' seem to be mistaken for each other. Nonetheless, as has been noted above, Rapley (2004) argued that service-users may feel obliged to express happiness with their situation. For example, he noted that in response to an interviewer invitation to ask any questions, the interviewee responded twice with, 'I like living here.' Indeed the way in which Lawrence proceeds accords with Rapley's argument. His statement of being happy is re-affirmed in line 60, 'I am,' and is met with approval, 'That's good,' and 'That's good news,' which suggests that a favourable portrayal of his circumstances has been delivered. The convincingness of this utterance is further established over the next few turns. For example the next interviewer question is delivered as a positively worded question and seeks verification, 'So you like where you live?' which is confirmed, 'Yes I do.' Between lines 66-74 the conversation moves to Lawrence's room. Here I ask him what his room is like. However, rather than producing a description as would be expected, such as it has blue walls or nice furniture, Lawrence answers with 'Tidy.' As with 'no arguing at home,' this could also be said to be an explicit affirmation of institutional concerns or rules. At the end of this extract I ask Lawrence, 'What



happens if you don't keep it tidy?' As has been observed above, Lawrence again does not answer this question directly but states, 'I like tidy up my room, I do.' It is possible that Lawrence has only been responding to a few words in my questions (e.g. tidy) in this extract. However, it is also possible that this question is interpreted as potentially threatening as it enquires into situations where house rules or values are not adhered to. What we see here, therefore, is the interviewer question being cast as irrelevant since Lawrence enjoys tidying his room anyway. In this way Lawrence again avoids direct engagement with a contentious topic and once more orients to 'doing having a good quality life,' by affirming his contentment with a house rule.

The extract below concerns a discussion about Julie's key-workers. I have just asked her if she was able to choose who her key-workers were. This is how she responds.

#### 5.3.4.2 Extract 33 Julie-Lines 252-269

- 252 R So your key workers, did you choose them?  
 253 J When they choo, when you got picked for a key worker they  
 254 usually said 'have you got any reasons that you don't want  
 255 em?' And I said 'no.' I said that, well there's one care worker  
 256 here called Harvey and we get along great. I can tell  
 257 him anythink I wanted him to be my key-worker but I couldn't  
 258 because he had he had a few other girls.  
 259 R Oh, that's a shame  
 260 J Yeah but the two that I got are fine. They help me, they they  
 261 help me, they do things with me and that  
 262 R Oh that's good  
 263 J It's the best home in the country and I will tell anybody that.  
 264 On the 12<sup>th</sup> of this month me and a bloke called Luke who  
 265 lives here, ee's an epileptic, no I mean Luke, he's on Warfarin  
 266 because of his drugs, and we are going to a golfing tournament  
 267 to pick up a cheque for the ho for the home and give a chat  
 268 about it  
 269 R are you? Oh wow

Rather than simply answering 'no,' or 'yes' as one may expect, Julie begins by stating 'you got picked for a key-worker.' This is followed by an explanation of how the service enquires first if residents have any objections (254-55), which portrays the system of key-worker allocation as fair and reasonable. There is also a sense of some kind of honour being bestowed in the way in which Julie says, 'you get picked.' However, this also gives an impression of lacking control over having her preference met which can be seen between lines 255-8 where she describes how she would have preferred Harvey to be her key-worker. She justifies this preference by stating 'we

get along great,' and 'I can tell him anything.' This disappointment is met with sympathy by the interviewer, 'oh, that's a shame.' However, Julie immediately works to resist this by making explicit statements of what a good service she receives. She begins by instantly defending the two key-workers she has as 'fine.' However notice how this is less enthusiastically worked up in contrast to her justification of wanting Harvey. Here, her description of 'fine' suggests only adequate support, which is backed by the vague formulation, 'they do things with me and that.' Her narrative, however, is sufficiently convincing to receive confirmatory acceptance from the interviewer (262). Nonetheless, Julie continues by then constructing a glowing report of the service. Firstly she explicitly states, 'It's the best home in the country and I will tell anybody that.' Not only is this utterance spontaneous, unprompted and presented extremely as 'the best home in the country,' the way in which Julie also claims that she would 'tell anybody,' adds warrant and her personal assurance as a first hand recipient of the services provided that they are truly first-class. Next, Julie convincingly contextualises her favourable estimation in the form of an award ceremony or charity event (263-9). Highly specific descriptions are used here such as a precise reference to the date (264) (Pomerantz, 1984a) and an intimate personal description of who she is going with. These function to persuasively present Julie's account as real and factual. Therefore, despite Julie's earlier disappointment of not receiving the key-worker she wanted, it now becomes unquestionably difficult to challenge the fact that the service may be deficient in any way since what better way is there of persuading a listener that something is good then by portraying it as having been granted some form of donation? Indeed the way in which the interviewer responds with 'oh wow,' suggests that Julie is successful in championing the good qualities of the service.

The way in which interviewees seem inclined to freely express service philosophies and institutional concerns may be explained by French (1994) who suggested that service-users might feel constantly obliged to display an appreciation for the services and care they receive. Additionally, expressions of satisfaction may be treated with approval and dissatisfaction with disapproval, leading to a situation of oppression which is difficult to challenge. Following Rapley (2004), in this context service-users worked hard to avoid the unfavourable circumstances associated with expressing discontent by ensuring that they were heard producing affirmations of

service philosophies. This may indeed have been because they were genuinely happy with their present circumstances and correspondingly apprehensive that any claims of discontent could have resulted in changes to their situation. However, if as French (1994) and Jingree et al (2006) suggest, producing affirmations of service philosophies are the encouraged response, it could contribute to an imbalance of power within the care relationship.

#### **5.4 Discussion**

The analysis above, examined service-user talk about having more choice and control in their lives. The following questions were answered:

- Which interpretative repertoires are drawn on by service-users with learning disabilities when constructing their experience of having choices and control over their lives?
- What functions are performed in talk by drawing on these interpretative repertoires?
- What identities are made available to service-users when invoking these interpretative repertoires?
- How do speakers orient to the implications of these identities, for example, when constituting a learning disabled identity?

The analysis in chapter 5 examined how service-users with learning disabilities constructed accounts about having independence, choice and control in their own terms. This analysis included an examination of how service-users constructed their own identities in accounts and how they oriented to the implications of these identities. This analysis was divided into three sections which were: guardianship and incompetence, resisting staff power and explicit expressions of choice, control and other institutional values.

Scior (2003) described ‘guardianship’ discourses as talk which constructs individuals with learning disabilities as vulnerable and in need of protection. She argued that such discourses are at the heart of Government and service policy, which prioritises the need for continued quality support and protection as well as increased independence from services. Such repertoires, she suggested, may be invoked by

non-disabled speakers to justify the oppressive treatment of individuals with learning disabilities. 'Incompetence' repertoires were also some of the discursive resources invoked and examined under this section of the analysis. These repertoires constructed individuals with learning disabilities as incompetent and could also be invoked to justify arguments against increasing the choices and control of individuals with learning disabilities. Indeed, in the analyses examining staff talk and parent talk (see chapter 4 and chapter 6), speakers frequently constructed individuals with learning disabilities in a manner pertaining to 'guardianship and incompetence' repertoires (e.g. as incompetent or at risk) to justify why choices and control should not be increased. However, in chapter 4, constructions of service-users as vulnerable or incompetent were invoked within practicalities talk as a means of constructing obstacles to choice. When drawing on this talk, staff constructed obstacles in many different ways (e.g. as internal obstacles or external obstacles). Therefore, constructions of service-users as vulnerable and incompetent were not the only obstacles described in staff talk. In the current analysis however, the guardianship and incompetence repertoires focuses only on how service-users are constructed as vulnerable, incompetent and in need of protection and examines the functions that these constructions perform in talk. Service-users drew on guardianship and incompetence repertoires in three different ways to construct their accounts about having choices and control. These different invocations were represented by the sub-sections: positioning oneself within guardianship and incompetence repertoires, positioned by others within guardianship and incompetence repertoires and positioning others within guardianship and incompetence repertoires. The different ways in which speakers invoked these repertoires performed much identity work in talk.

When service-users invoked these repertoires to position themselves within guardianship and incompetence repertoires, they were constructed as vulnerable, incapable of making decisions for themselves and in need of protection. However, speakers also positioned themselves within these repertoires for their own rhetorical purposes to perform certain constructive functions in talk. For example, in extract 22, Izzy constructed an account about how she felt bullied by staff. It could be argued that the accounts of individuals with learning disabilities may be treated as unreliable, particularly when making criticisms or complaints. Therefore, the invocation of

‘guardianship and incompetence’ repertoires here served to bolster Izzy’s claims about being bullied by positioning her as a vulnerable victim. What is more, speakers were also seen orienting to any negative or disempowering implications associated with positioning themselves in this way. For example, though in extract 21 Catherine explicitly positioned herself within guardianship and incompetence repertoires, she preserved a competent speaker identity by resisting the interviewer demands and assumptions that she lacked choice. Similarly, Izzy in extract 22 positioned herself within such repertoires to justify needing help. However, by drawing on distancing devices such as the use of vague descriptions, she managed to maintain a distance from negative constructions of learning disabled identities.

Service-users also constructed their accounts about having independence, choices and control by positioning others within guardianship and incompetence repertoires. These repertoires performed certain useful tasks in talk. For example, in extract 24, Freddie invoked these repertoires to construct his account about how he and his wife had been ‘forced’ or ‘persuaded’ into getting a divorce. By invoking ‘guardianship and incompetence’ repertoires in this way, Freddie was able to manage accountability for the breakdown of his marriage. One of the ways in which this was achieved was by avoiding attributing the breakdown to any behavioural conduct of his own. Instead, by describing being positioned as incompetent and vulnerable, he was able to blame the marriage breakdown on his in-laws’ concerns that he and his wife could not cope. However, despite these constructive outcomes, there are certain troubling implications to invoking these repertoires in this way. Whilst attributing blame to his in-laws allowed Freddie to maintain a competent identity, it simultaneously positioned him as a passive bystander to his marriage breakdown with disempowering effects. Indeed, speakers *did* orient to the negative effects of being positioned within these repertoires. For example, Izzy described the negative effects of being shielded from her friend’s death in extract 23. Speakers worked to resist being positioned in such a way by drawing on ‘increasing autonomy’ repertoires to express anger at not being treated as an adult and to call for equal and fair treatment. As we will see later in this section, ‘increasing autonomy’ repertoires were also advanced to construct a competent speaker identity.

One service-user (Freddie) was often seen positioning others within guardianship and incompetence repertoires to construct his accounts about having more choice and control. The invocation of guardianship and incompetence repertoires in this manner served to justify arguments that he deserved more choice and control over other service-users. It also enabled him to again manage accountability, this time when explaining why his internet access had been disconnected. Therefore, rather than constructing the internet disconnection as some form of penalty due to any behavioural conduct of his own, it was instead attributed to the vulnerability of other service-users. In addition, by constructing other service-users as vulnerable, the speaker was able to simultaneously position himself as contrastingly more mature and competent than the others. However, though Freddie was careful to maintain a competent identity and differentiate himself from other service-users, he never explicitly denied being labelled as learning disabled. Instead, he was seen denying a specific version of learning disabilities that did not allow him to speak his mind. Therefore, the invocation of these repertoires allowed Freddie to distance himself from a learning disabled identity that is associated with acquiescing (see Shaw and Budd, 1982 and Sigelman et al, 1981) and not thinking for oneself and afforded him the position of wanting ownership over his life. The way in which Freddie distinguished his identity from certain versions of a learning disabled identity is similar to Finlay and Lyons (2005) suggestion that the learning disabled identity may have little relationship with an individual's experience. Indeed, following Rapley (2004), what we can see here is how the learning disabled identity is fluidly managed and negotiated in talk to perform certain social actions. Therefore, speakers with learning disabilities did not reject the learning disabled label here as claimed by Edgerton (1993). Rather, they oriented to it on many occasions and constructed it in different ways to perform different work. Indeed, even when Freddie did explicitly label others as learning disabled, he did not deny this label himself but constructed his identity in a way which allowed him control over his life.

In the section which examined talk that resisted staff power, speakers constructed accounts about resisting incidents of staff power by advancing liberal, increasing autonomy repertoires. As described in section 4.4 in chapter 4, 'increasing autonomy' repertoires in staff talk were invoked to endorse moral philosophies of equality, increased independence, choices and control. They also constructed service-users as

being ‘like us’ and deserving equal and fair opportunities to choice. In this context, when resisting staff power speakers invoked increasing autonomy repertoires to call for fair and equal treatment and to construct themselves as knowing their own mind. For example, in extract 28, Freddie described how his choices were limited because of possibly homophobic staff reactions. He therefore drew on the liberal philosophies of ‘increasing autonomy’ repertoires to resist having his preferences restricted. Another strategy used by service-users to resist staff power was seen in extract 31 whereby the speaker (Bridgette) constructed herself as reasonable and diplomatic to reduce the risk of having her account discounted as unreliable. As described under the subheading positioning oneself within guardianship and incompetence repertoires, speakers in this study were frequently seen orienting to this possibility.

In the section examining explicit expressions of choice, control and other institutional values, repertoires of choices and control were advanced in a very different manner to how increasing autonomy repertoires were observed in the previous section of the analysis. Here, service-users drew on increasing autonomy repertoires to construct convincing accounts about having choices and control and to orient to ‘doing having a good quality life’ (Rapley, 2004). However, unlike previously whereby increasing autonomy repertoires were invoked in service-user talk to, for example resist staff power; in this case speakers drew on these repertoires to manage contentious issues such as neutralising the negative outcomes associated with expressing discontentment. Indeed, service-users were frequently observed orienting to the possibility of there being implications in how they described certain situations. For example, Izzy in extract 22 softened her description of being bullied by the staff from ‘bullied’ to ‘pressured.’ Similarly, Freddie in extract 24 changed his description of being ‘forced’ to get a divorce to a more moderate ‘persuaded.’ Speakers were also observed changing their footing and shifting pronouns from ‘I’ to ‘you,’ which enabled them to distance themselves from accounts about being discontented. By orienting to these delicate issues, speakers positioned themselves as competent at managing contentious topics. However, they were nonetheless reticent in voicing discontentment at their situation. Therefore, it is troubling that in positioning themselves competently, to realize constructive means (see also how they position themselves within ‘guardianship and incompetence’ repertoires), service-users may continue to be subjected to disempowering ends.

In a similar manner to Edgerton (1993) this study also hoped to engage with people with learning disabilities on a first hand basis. However, whilst Edgerton aimed to provide detailed accounts about how individuals, ‘perceive and manage their relative incompetence’ (p.7), and to gain an understanding of ‘the crucial relevance of stigma and passing’ (p.7) in their lives, this study was more concerned with how individuals with learning disabilities constructed their accounts about having choices and control in their lives in their own terms. Indeed, to my knowledge the use of discourse analysis which involves speakers with learning disabilities has only been conducted once before (see Scior, 2003). Therefore, this study presents new insights into conducting discourse analytic research with informants who may have communicative and verbal difficulties. Though interview transcripts were obtained and analysed from 11 participants, not all of these were presented in the analysis in section 5.3. One of the reasons for this is because some speakers produced less detailed responses or there were misunderstandings during the interview. Therefore, it was difficult to identify the interpretative repertoires being invoked in these speakers’ accounts. Another reason is associated with the way in which discourse analysts examine discourses as shared systems of knowledge and focus on the co-production of meaning through language (Wetherell, 2001). However, during the analysis I observed that though speakers invoked many repertoires when constructing their accounts (many of which were not pursued in the final analysis) not all speakers engaged in the discourses that were identified in the different sections of the analysis. This could be for a variety of reasons. I suggest that one of these reasons is because individuals labelled as ‘learning disabled’ include people from different genders, races, religions, social classes, sexual orientations etcetera (Walmsley and Downer, 1997). However, to assume that they engage in similar repertoires to construct their accounts about having choice and control would be to assume that they share some form of commonality as a result of their shared label. This, it would seem is not the case.

Nonetheless, it was found that the common interpretative repertoires that *were* identified in this analysis allowed speakers to construct their identities in certain ways. Following Wetherell and Potter (1992), Wetherell (1998) and Wetherell’s (2006) analytic framework about subject positions, this study highlighted how identities are locally-managed interactional practices which perform certain functions in talk.



Indeed, speakers were frequently observed managing competent identities in talk in how they handled contentious topics, negotiated responsibility and blame and oriented to having their claims discounted or subjected to certain negative consequences. However, it is nonetheless troubling that whilst positioning themselves as competent speakers, this was often in the course of negating and resisting disempowering situations.

## **Chapter 6**

### **“Now the professionals think that’s great”: an examination of parent talk about increasing the choices and control of individuals with learning disabilities.**

#### **6.1 Introduction**

The recent trends geared towards moving individuals with learning disabilities away from institutional care and into the community (see Department of Health, 2001;2005) has led to an emphasis on family care, whereby many individuals with learning disabilities live at home with older or elderly parents (Bowey and McGlaughlin, 2007). This suggests that empowering people with learning disabilities, by for example increasing their choices and control, may not only be influenced by service professionals but also by family carers. However, very little research has focused on the influence of family carers on increasing the independence, choices and control of people with learning disabilities. Instead, the majority of research involving parents seems to focus on parents with children or young adolescents with learning disabilities. Many of these studies examine the experiences and well-being of parents who have children with a learning disability (see e.g. Bar and McConkey, 2007; Bendrix, Nordstrum and Sivberg, 2007 and Gallagher, Phillips and Carrol, 2008).

Two papers which have focused on family carers and the choices of individuals with learning disabilities are Bowey et al (2005), and Williams and Robinson (2001). Both of these papers involve eliciting ‘the views and beliefs’ of health professionals as well as family carers and are, therefore, carried out from within a positivist tradition. Bowey et al’s (2005) paper examined the claim that the views and actions of family carers and involved professionals can present obstacles to people with learning disabilities having choice over their housing. They, therefore, explored focus group discussions on family carer and professional views about housing and choice for people with learning disabilities. When examining the views of family carers, they found that like service-professionals, carers expressed the view that service-users should be involved in decisions wherever possible. However, these carers also reported concerns that their family members may not understand the

consequences of their decisions. They also expressed concerns about their family member's safety when leaving home and questioned whether they could cope in another environment. Family carers also reported feeling pressured by professionals to do more than they felt their family member was ready for. All of these concerns arguably draw on guardianship and incompetence discourses identified in the previous chapter, which has the effect of constructing people with learning disabilities as too vulnerable and incompetent to have their independence increased.

Williams and Robinson's (2001) research data was taken from a study which explored the views of families who had had some form of assessment from the social services department. They examined cases where assessors had found conflicts of interest between family carers and the people they cared for. They not only sought the views of the family carers and professionals involved, but also the individuals labelled as having learning disabilities. When ascertaining the views of individuals with learning disabilities, they found that the most common conflicts mentioned concerned issues about seeking more independence.

Indeed, a similar report about the influence of parents on the independence of their son/daughter with learning disabilities has also been made by Goodley (2000). Using the life story approach to examine the views of self-advocates, he found that parents were admired for the challenges and struggles they faced when their son or daughter were children. However, the protection offered by parents when their son or daughter was young often continued into adulthood, creating tensions when allowing their adult offspring more independence and freedom.

All of these studies suggest that despite efforts to increase autonomy by moving individuals out of institutions and into the community, people with learning disabilities continue to be disempowered. However, by taking a representational view of language, these studies fail to examine how the learning disabled identity and family carer identity may be variably constructed by family carers in accounts about increasing choices and control in ways that may pose significant implications for the empowerment of people with learning disabilities. This study therefore follows the studies presented in the last two chapters which examined staff accounts and service-

user accounts about increasing choices and control, therefore providing a poly-vocal picture about empowering people with learning disabilities.

### **6.1.2 Research Questions**

Chapter 6, therefore, uses critical discursive psychology (Edley, 2001; Wetherell, 1998) and conversation analysis to examine family carer talk about their adult sons, daughters and siblings in focus group discussions about increasing the autonomy, choices and control of individuals with learning disabilities. This study intended to answer the following questions:

- Which interpretative repertoires are invoked when talking about increasing the choices and control of their son/daughter/sibling?
- How do family carers construct their son's/daughter's/sibling's identities when talking about increasing choices and control?
- How do family carers negotiate their own identities and support worker/professional identities when talking about increasing the choices and control of their son/daughter/sibling?

## **6.2 Method**

### **6.2.1 Ethics**

A research proposal was submitted to the Ethics Committee at the University of Surrey. This included a letter from the co-ordinator of the South West Surrey Local Research Ethics Committee which confirmed that ethical approval from the NHS would not be necessary. Ethical approval was subsequently authorized and can be seen in appendix 1.

### **6.2.2 Recruitment Strategy**

The participants of this study were all required to be family carers of adults with learning disabilities. As it was decided that focus groups would be the best method for collecting data (see below), a list was compiled of as many local agencies as could be found that may have access to either individual family members or groups of

family carers. The local agencies included day-centres, charity groups, residential care homes, GP surgeries, community centres, advocacy groups and Government supported organisations such as Valuing People Support Teams and Learning Disability Partnership Boards. Many of these agencies were found by conducting an internet search and using the Google search engine. These organisations were contacted initially either by telephone or email, whereby a brief introduction and details of the research were given. Some of these agencies were either able to request additional information regarding the research and to pass these on to potential individual family carers or to recommend other organisations that may have access to potential carers or carer groups.

Participants for group one were found by contacting a local community support service. A meeting was organised with a care co-ordinator at this service who frequently organised group discussions with elderly parents of service-users. At this meeting, I described some of my past research and gave details of what I hoped to do for the current study. The care co-ordinator was confident that many of the parents would be interested in taking part in a group discussion and she agreed to distribute my participant information sheets to them. To help parents feel more at ease, it was decided that they would contact her directly if they wished to participate in a discussion and that she in turn would liaise with me. A date for the meeting was set and in the interim we kept in contact. Seven parents agreed to participate in this group discussion.

Family carers for the second group discussion were found from various sources. Two parents agreed to participate after receiving participant information sheets sent to a residential care home. One father was found by contacting a local day-service for individuals with learning disabilities. He agreed to participate after speaking to me directly about my research aims. Three mothers and a sibling agreed to participate after receiving participant information sheets (see appendix 2 and 3) from the manager of another residential care home. However, though seven participants agreed to take part, only three parents and a sibling were able to eventually attend the meeting.

The third focus group consisted of seven participants. After contacting a chairperson of a local district Mencap Society by telephone, I was invited to present my research briefly at the Society's annual general meeting. This meeting was held at a community support service and consisted of an audience of several health professionals, service-workers and many family carers. At the meeting I briefly described my area of research and outlined how I hoped to conduct the present study. I asked family carers to come and speak to me personally after the meeting if they were interested in participating in a focus group discussion. After the meeting I was able to speak to several parents in more detail and distribute participant information sheets (see appendix 3). Nine parents agreed to take part in a discussion, subject to the meeting location and time. However, due to other commitments, two were unable to attend.

### **6.2.3 Permission**

Before the start of each discussion group, each family carer was again shown an information sheet describing the research as examining the experiences of family carers promoting the choices and control of their son/daughter/sibling with learning disabilities. They were also informed that participation in the study would be completely voluntary and that they had a right to withdraw at any time. Their confidentiality and anonymity was assured to the degree that no identifying details would be known to anyone other than the researcher and other members of the discussion group that they participated in. They were also told that in order to maintain confidentiality they would be identified by a code in all subsequent documents. Furthermore, any identifying details in the transcriptions such as names and locations would be changed. Participants were also given a consent form, enabling them to indicate their willingness to participate prior to the commencement of the recorded interviews. Information sheets and consent forms can be seen in appendix 3.

### **6.2.4 Demographic Characteristics of Participants**

In total, across three discussion groups, five male participants and thirteen female participants agreed to take part in this study. All were between the ages of 39 and 82 (mean age 64.89).

#### 6.2.4.1 Discussion Group One

This group consisted of three male participants and four female participants between the ages of 66 and 73 (mean age 69.42) (see table three for details). There were two married couples in this group: Ben and Chris and Diane and Evan. Many members of this group were acquainted with each other as they were members of an already established parent group who often attended group meetings. The members of this discussion group also requested the attendance of a care manager (Kim) who organises the parent group that they attend at a local day-centre for individuals with learning disabilities as many members felt they would feel more comfortable with her present.

| Pseudonym | Age | Sex | Occupation      | Ethnic Origin | Relation | Age of Relative |
|-----------|-----|-----|-----------------|---------------|----------|-----------------|
| Alan      | 70  | M   | Semi-Retired    | White British | Daughter | 46              |
| Ben       | 66  | M   | Retired         | White British | Daughter | 39              |
| Chris     | 67  | F   | Retired         | White British | Daughter | 39              |
| Diane     | 71  | F   | Retired Teacher | White British | Son      | 36              |
| Evan      | 73  | M   | Retired Banker  | White British | Son      | 36              |
| Fiona     | 71  | F   | Retired         | White British | Daughter | 35              |
| Gina      | 68  | F   | Retired         | White British | Daughter | 41              |

**Table 3 Demographic Details of Participants of Group One**

#### 6.2.4.2 Discussion Group Two

This group consisted of three female participants and one male participant between the ages of 82 and 39 (Mean age 59.25). Of this group, Kiera and John were married. Ida was an older sister of an individual labelled as having learning disabilities (see table 4 for details). Though none of the members of this group were acquainted with each other, Ida's sister and Hillary's daughter were best friends and residents at the same residential care home.

| Pseudonym | Age | Sex | Occupation | Ethnic Origin | Relation | Age of Relative |
|-----------|-----|-----|------------|---------------|----------|-----------------|
| Hilary    | 82  | F   | Retired    | White British | Daughter | 52              |
| Ida       | 70  | F   | Retired    | White British | Sister   | 63              |
| John      | 46  | M   | Cook       | White British | Son      | 19              |
| Kiera     | 39  | F   | Cook       | White British | Son      | 19              |

**Table 4 Demographic Details of Participants of Group Two**

#### 6.2.4.3 Discussion Group Three

This group consisted of six female participants and one male participant. All were between the ages of 51 and 71 (mean age 63.57) (see table 5 for details). Many members of this group, particularly Lill, Penny, Orlagh, and Queenie were well acquainted as they were active members of a Mencap society and all their sons and daughters used the same local services for individuals with learning disabilities.

| Pseudonym | Age | Sex | Occupation      | Ethnic Origin | Relation | Age of Relative |
|-----------|-----|-----|-----------------|---------------|----------|-----------------|
| Lill      | 65  | F   | Retired Teacher | White British | Son      | 40              |
| Moira     | 51  | F   | FT Carer        | White British | Daughter | 23              |
| Nora      | 56  | F   | Carer           | White British | Daughter | 28              |
| Orlagh    | 62  | F   | Retired         | White British | Daughter | 40              |
| Penny     | 64  | F   | Retired         | White British | Son      | 28              |
| Queenie   | 76  | F   | Retired         | White British | Daughter | 48              |
| Rob       | 71  | M   | Retired         | White British | Son      | 34              |

**Table 5 Demographic Details of Participants of Group Three**



### **6.2.5 Data**

The data consisted of digital audio recordings of three focus group discussions on parents' experiences of giving choices and control to their son or daughter with learning disabilities. These discussions took place in three locations in London and the South East of England. A total of seventeen parents and one older sibling carer of adults with learning disabilities participated in these focus group discussions.

### **6.2.6 Focus Group Discussions**

In the absence of opportunities to gather data about naturally occurring talk between parents of adults with learning disabilities, it was decided that focus group discussions would provide the most appropriate means for generating data. Focus groups have been described by Kreugar and Casey (2000) as more naturalistic as speakers 'are influencing and influenced by others-just as they are in life,' (p. 11). Puchta and Potter (1999) reported that focus groups are focused in two ways in that not only does the moderator set the agenda but participants also follow their own agendas. This enables a focussed discussion to become more spontaneous and natural. To facilitate a naturalistic conversation, group discussions were not heavily structured but followed an informal interview schedule (see appendix 4) which was similar to those used in the first two studies. Topics included: finance, health, diet, social and sexual relationships, employment, housing and alcohol.

During the recruitment phase of the study, all participants were informed that focus groups would take place at mutually convenient times and locations. Each participant was offered £15 as compensation towards any expenses (for example travel and parking) incurred during the study. All participants took up this offer. Discussion group one took place in a lab in the Department of Psychology at the University of Surrey. This location comprised of a room furnished with several soft chairs and provided both digital audio and visual recording facilities which could be controlled from an adjoining room. Discussion group two took place in the staff and admin office of a private residential care home in the South East of England. This discussion was recorded with handheld digital recording equipment and digital camcorders. The third group discussion took place in a service-user workroom at a community day service on the outskirts of London. This room was furnished with a

large round table and several chairs around it. Again the discussion was recorded with handheld digital recording equipment and digital camcorders.

All three discussions began with a brief reminder of participant rights to anonymity, confidentiality and their right to withdraw from the study. Participants were then asked to sign consent forms (see appendix 3) to proceed with the discussion. All group discussions were recorded with digital audio and visual equipment. These were used to facilitate transcription and analysis. Participants were made aware of where this equipment was located before each discussion. A brief description of the research aims was then given, which I followed by requesting that each participant introduce themselves in turn and give a brief description of their son, daughter or sibling and their expectations of the discussion. Discussions seemed to proceed from this quite fluently. Occasionally, I would direct a question (informed by the topics in the interview schedule) at the group or the current speaker which seemed related in some way to the topic of conversation at hand. This was usually motivated to generate more information on the topic under discussion or to guide conversation in a slightly different direction. Discussions lasted ninety minutes on average. Towards the end of each discussion, I asked participants if there were any other issues that they wished to raise that they hadn't yet had the chance to talk about. After the discussions I asked participants to sign a form confirming that they had received payment for their participation in the study. They were then each given an envelope containing £15 and thanked for their time.

### **6.2.7 Transcription and Data Analysis**

The recordings from the three group discussions were each approximately ninety minutes long. These were transcribed and all identifying names and locations were changed. A simplified version of Jefferson notation was used to indicate the pauses and overlaps in speech between speakers (see appendix 5). I felt that it was important to include pauses and overlaps in the transcriptions as these can indicate certain features in sequences of agreement/disagreement in speaker turns (See Pomernatz, 1984). Video footage of each group were also made and these were used as an aid when transcribing to provide visual verification and identification of speakers. As in studies one and two, the data was analysed using the frameworks of Potter and Wetherell (1987) and Wetherell and Potter's (1992) discourse analysis and Edley

(2001) and Wetherell's (1998) critical discursive psychology. These methods were chosen because they allowed an examination of the interpretative repertoires being drawn by family carers when talking about increasing the choices and control of their sons/daughters/siblings. By examining these repertoires, I also hoped to identify what constructions were afforded of the speakers as parents or siblings of people with learning disabilities when talking about increasing choices and control and indeed what identities were ascribed by parents or siblings to their family members with learning disabilities to justify their arguments. In addition to the global examination of the discourses invoked across the texts, critical discursive psychology allows for a micro level analysis which focuses on the rhetorical devices used by speakers in talk to justify and support their arguments, defend against potential criticism and to negotiate blame.

However, in addition to this a conversation analysis (CA) was also simultaneously carried out on the data to examine how speakers in the group responded to one another in turns of talk and how sequences of actions were generated. Though conversation analysis is usually performed on naturally occurring talk, it was hoped that in this case, many of the group members (particularly in groups 1 and 3) knew each other sufficiently well enough for conversation to be spontaneous and fluent, without much intrusion or guidance from me. It was also felt that CA would be appropriate as it allowed a close sequential examination of the production of utterances, how these were designed to fit prior turns in talk and the implications these had for subsequent utterances. According to Hutchby and Woofitt (1998), an examination of the sequence of turns in interaction allows the researcher to follow speakers' own understanding and interpretation of a conversation as it occurs. Therefore by looking at the sequence of interactions between speakers, I hoped to reveal what actions were being performed in talk between the parents. For example, by examining how speakers orient to prior turns in talk and how talk is tailored to produce certain future turns, the analysis was able to focus specifically on how speaker assessments produced agreements/disagreements (Pomerantz, 1984a) from other members of the group when constructing accounts about increasing the choices and control of people with learning disabilities.

As in the previous two studies, analysis was carried out using the recommendations of Potter and Wetherell (1987), Coyle (2001) and Wetherell, Taylor and Yates (2001). Atkinson and Heritage (1984) and Hutchby and Woofitt (1998) provided guidance on conversation analysis. Please see the method section of study one for a detailed description of the process employed when using discourse analysis to analyse interview transcriptions.

### **6.2.8 Research Quality Checks**

Many of the guidelines adopted in the first and second study have been implemented here. These include recommendations made by Elliot et al (1999), Potter (2003) and Yardley (2000).

## **6.3 Analysis**

This analysis is divided into six sections which examine family carer accounts about facilitating the choices and control of their adult son/daughter/sibling. The first section examines increasing autonomy interpretative repertoires, which constructed facilitating choices and control in a different manner to that observed in the first study examining staff talk. Parents also consistently invoked a practicalities interpretative repertoire which was comparable to that examined in staff talk. This is examined in the second section of the analysis. The third section focuses on a mixed increasing autonomy and practicalities interpretative repertoire. Whilst this was a dominant repertoire in staff talk, it was only observed on one occasion over the entire data-set in parent talk. The other sections focus on guardianship and incompetence repertoires (similar to that examined in chapter 5 where it was observed in service-user talk) and inclusion policies as obstacles to choice. The final section focuses on solving dilemmas talk, which, again was also observed in staff talk. However, in this case it was only invoked on one occasion. What is more, this construction of a solution was different to those constructed in staff talk.

### **6.3.1 Increasing Autonomy**

In the first study of this PhD it was found that staff frequently drew on increasing autonomy repertoires (see chapter 4). This talk had liberal features and was usually characterised by maxims such as, ‘it’s their choice, it’s their life,’ ‘no one should do

what they don't want to do,' and 'everybody has a right to a child.' By advancing increasing autonomy repertoires, staff were able to position themselves positively as liberal-minded. These repertoires were usually advanced as an irrefutable and moral justification for why choices and control should be facilitated for service-users with learning disabilities. In contrast, increasing autonomy repertoires were also frequently seen in the present study on parent talk, but, these had different characteristics and performed different functions. Here, parents invoked increasing autonomy repertoires when locating policies of increasing choices and control within a service realm as a new professional trend. These discourses were usually engaged in to construct policies of increasing the choices of individuals with learning disabilities as ill-considered, with the effect that these policies were also constructed as potentially having disastrous future consequences.

In all three group discussions parents talked about their concerns regarding Government policies to increase the choices and control of individuals with learning disabilities and how these policies were having an impact on current service provision. In this extract the conversation has just turned to parent concerns regarding the introduction of more supported living arrangements and the lack of residential accommodation.

### 6.3.1.1 Extract 34 Group 1 Lines 1296-1334

|      |       |   |
|------|-------|---|
| 1296 | Diane | But it is difficult   |
| 1297 |       | because I think we're all worried what's going to happen      |
| 1298 |       | when we're not here anymore                                   |
| 1299 | Gina  | [Umm yes  |
| 1300 | Evan  | [Umm  |
| 1301 | Alan  | [Umm  |
| 1302 | Chris | [Umm oh it's horrible that bit [yeah                          |
| 1303 | Diane | [and unfortunately the  |
| 1304 |       | Government is mad on supported living which they are          |
| 1305 |       | trying to push everybody into (.) and this we went to this    |
| 1306 |       | conference in Dorking a few weeks and months weeks ago        |
| 1307 |       | was it yeah [(words)?   |
| 1308 | Evan  | [Ummhmm few weeks ago yeah                                    |
| 1309 | Diane | And erm, they were 'oh supported living supported living      |
| 1310 |       | supported living,' and one of the parents said 'well you      |
| 1311 |       | haven't said anything about residential,' and no one took any |
| 1312 |       | notice, no one [provided any any residential places and and I |
| 1313 | Evan  | [He hedged didn't he?   |
| 1314 | Diane | think most of the people here, I know we are are worried      |
| 1315 |       | about supported living [(.) because Dave                      |
| 1316 | Alan  | [Very   |

1317 Chris [Oh yes  
 1318 Gina [Yes exactly  
 1319 Diane would do virtually nothink without someone to prompt him  
 1320 [er and I think supported living for  
 1321 Alan [That's right  
 1322 Diane certain people is an accident waiting to happen  
 1323 Gina Umm  
 1324 Diane I think eventually there's going to be a really horrific thing  
 1325 [happening  
 1326 Gina [Umm  
 1327 Evan [Like a fire or [something  
 1328 Diane [in supported living  
 1329 Chris [Yes  
 1330 Evan [yep Dave Dave wouldn't phone phone [phone  
 1331 Gina [no yep  
 1332 Evan erm [(words) an emergency if if something  
 1333 Diane [Or he might have an accident  
 1334 Evan happened.

The extract begins with Diane stating, 'it's difficult,' which immediately constructs what follows (her concerns regarding supported living) as a problem. Using an extreme case formulation (Pomerantz, 1986) she then states, 'we're all worried' (1297). This not only constructs her concern as a normal reaction common amongst the group of parents, it also then allows other parents to collaborate (1299-1302), and add supportive consensus to the account. Indeed the production of this consensus is consistent with the conventional structure of turns when agreements are offered in response to assessments. What is more, one of these agreements (Chris, 1302) upgrades (Pomerantz 1984a) Diane's assessment of a worrying situation to a 'horrible' situation. Next, she describes how she and her husband attempted to learn more about 'supported living'.<sup>3</sup> Whilst in the first study staff sometimes drew on increasing autonomy repertoires to speak positively about such policies aimed at increasing choices and control, here schemes to introduce supported living are constructed as a radical and badly considered new concept. Diane describes how she and her husband attended a conference, building up an image of a formal and informative event. Therefore, she can be seen to be putting effort into finding out about policies that may affect her son's future. Notice, however, how she contrastingly describes the Government as being, 'mad on supported living,' which

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<sup>3</sup> Supported Living offers people with learning disability the opportunity to live in their own home in the community and to lead active, socially inclusive lives. Support is tailored and focuses on what people can do, provides support for things people cannot do, and creates opportunities for people to learn how to do things they want to do.

gives the impression that they are obsessed or fixated with an idea that has no logic to it. This preoccupation with the idea of supported living can be seen again when Diane changes her footing to animate (Goffman, 2001) the conduct of the Government representatives as, 'oh supported living supported living supported living,' giving the impression that no consideration has been given to alternative ideas. Indeed, the way in which Diane describes how the Government are, 'trying to push everybody' into supported living reinforces the idea that there are no alternatives and that parents have no choice over the matter. Diane then describes how one of the parents asked about 'residential places' (1310-11). In chapter 4, increasing autonomy repertoires about increasing choices and control were presented as indisputable ruling principles with staff expressing dismay at its potential infringement. It could be argued that residential care goes against policies of increasing choices and control. However, Diane shows no sign of orienting to this as a problem. Indeed, she then describes how the Government representatives avoided discussing any alternatives (1311-1312), adding to the sense of how parents have no choice but to buy into or accept an unconsidered new idea. Notice how in overlapping speech in line 1313 Evan interjects with the question, 'He hedged didn't he?' This adds supportive consensus to Diane's account, constructing their need for more information as a joint concern. Following this Diane reiterates her concern, 'I think most of the people here, I know we are are worried about supported living.' Notice how she begins this utterance with the assumption, 'most people here.' Such a statement could be met with disagreement from other parents, therefore, she curtails her claim to her and her husband Evan's concerns about supported living. Nonetheless, her statement has the effect of eliciting several murmurs of agreement and even an upgrade (Pomerantz, 1984a) of 'very' (1316) from the other parents (1316-18), constructing supported living as a mutual problem between the members of the group.

It would seem that residential places are the option which is favoured by the parents. This is seen by the way in which answers are sought about residential places rather than supported living. Indeed, Diane then goes on to construct how her son would not cope with supported living. Again, using an extreme case formulation (Pomerantz, 1986), Diane describes how her son would do 'virtually nothink' in a supported living environment. Next she constructs an extreme negative or irrational

case, describing supported living as ‘an accident waiting to happen,’ emphasised with, ‘there’s going to be a really horrific thing happening.’ Such a use of extreme negative cases was also seen in the first study about staff talk on increasing the choices and control of service-users with learning disabilities. These were used as extremely persuasive strategies to undermine increasing autonomy discourses. In this case, Diane advances an extreme negative case to justify her strong opposition towards Government schemes for supported living. During her account, several parents interject with agreements (for example, Alan, 1321, Gina, 1323, 1326 and 1331 and Chris, 1329) which again follow the convention of producing preferred agreements in response to assessments (Pomernatz, 1984a). Of significance is Evan’s contribution in lines 1327, 1330, 1332, where in overlapping speech with his wife and in response to her claim that ‘there’s going to be a really horrific thing happening,’ he co-constructs another hypothetical scenario, and elaborates on her extreme negative case, stating, ‘like a fire or something, yep Dave Dave wouldn’t phone phone [phone erm [(words) an emergency if if something happened.’ This contribution not only puts forward a potential danger of supported living, it also constructs Evan’s son as incompetent in handling such a risk and unable to cope with the wider implications of having the freedom associated with supported living. Though concerns for supported living were initially introduced by Diane, the agreements and upgrades to her assessments (Pomerantz, 1984) ‘very,’ ‘oh yes,’ ‘yes exactly’ (1316-18) from the other parents emphasises their mutual anxiety towards it. Whilst a problem shared would usually be considered a problem halved, in this case it would seem that it has become a problem of increased magnitude.

The next extract has been taken from a discussion where parents talked about how being more independent made their son or daughter more vulnerable to certain dangers. Moira provides an anecdote of how a couple left their ‘capable’ (496) son with Downs syndrome at home whilst they emigrated. Notice the sense of disapproval in Moira’s account, not only towards this couple’s actions but also towards the reaction of ‘the professionals’ and their ideas for increasing independence.

#### **6.3.1.2 Extract 35 Group 3 Lines 491-507**



|     |        |   |
|-----|--------|---|
| 491 | Moira  | I I (L Yeah) [know of somebody                                |
| 492 | Orlagh | [(words)  |
| 493 | Moira  | whose parents left him behind in the house while they         |
| 494 |        | emigrated   |
| 495 | Rob    | Oh dear   |
| 496 | Moira  | He's Downs and quite capable (Coughs theatrically-uhuh        |
| 497 |        | yes) and erm he went off to London and he got lost for four   |
| 498 |        | hours, trying desperately to find his way back to Waterloo    |
| 499 |        | apart from the other things that he does and when it came to  |
| 500 |        | conference the c the erm social worker thought this was       |
| 501 |        | wonderful (-) the fact that he'd been lost in London for four |
| 502 |        | hours as a vulnerable young man with an obvious (R Umm)       |
| 503 |        | condition (P Umm) because erm he was showing his              |
| 504 |        | independence.   |
| 505 | R      | Oh right  |
| 506 | Moira  | And that is an example because now the professionals think    |
| 507 |        | that's great  |

The extract begins with Moira stating, 'I know of somebody whose parents left him behind in the house while they emigrated.' This immediately constructs her account as a factual anecdote based on her own personal experience. The sense of it being a 'true' story also adds to its power to shock listeners of the account. For example, notice Rob's response of, 'oh dear.' Next, in line 496, Moira goes on to construct the man who had been left behind as, 'Downs and quite capable.' Though she only uses a moderate description of 'quite capable,' notice the cough which is simultaneously produced with, 'uhuh yes' and which could be heard as sarcastic. This gives the impression that this man's parents were irresponsible and reckless to leave him behind. Indeed, the negative account which follows serves as a demonstration of the consequences of recklessly leaving their son behind. In line 497, Moira describes how the man went to London alone and became lost 'for four hours.' This exact figure again increases the factuality of her account (Pomerantz, 1984b), whilst use of the word, 'desperately,' highlights the extreme anxiety he may have experienced in trying to locate Waterloo. Also notice how this is followed by, 'apart from the other things that he does.' This utterance suggests that his anxiety was not the only negative outcome of his experience. However, it is left sufficiently vague, perhaps allowing the listener to assume the worst by Moira's discretion.

Between lines 499-507, Moira indicates her disapproval towards a social worker's reaction by reiterating how the man was 'lost for four hours,' and adding, 'as a vulnerable young man.' However, his vulnerability is not the only reason for her disapproval. Notice how she also constructs his Downs syndrome as 'an obvious

condition.’ It could be interpreted that she constructs Down’s syndrome as a ‘visible’ condition with this comment, therefore suggesting that this is another reason why he should not have been left alone. One could anticipate that in an anecdote, designed to provoke shock from listening parents, the account would end with the social worker serving some form of reprimand onto the parents for negligently leaving behind their son. However, notice how Moira instead describes the social worker’s reaction as ‘wonderful’ and ‘now the professionals think that’s great.’ Such an unexpectedly positive reaction is out of place in this context and highlights the unsuitableness of increasing autonomy and independence in this case. Additionally, the use of the word ‘now’ (506) draws attention to the newness of such unsuitable responses, constructing increasing autonomy discourses as faddish and fanciful.

Extract 36 follows from a discussion where the parents in the group have been talking about how their lives have to be oriented to their son’s and daughter’s needs and problems. I have just given Moira the opportunity to contribute to the group discussion. This is what she says:

### 6.3.1.3 Extract 36a Group 3 Lines 1435-1452

- |      |        |  |
|------|--------|--|
| 1435 | Moira  | the problem then   |
| 1436 |        | comes with choice is that when you give autonomy and               |
| 1437 |        | choice to a person with LD, my daughter theoretically can go       |
| 1438 |        | into respite care, choose not to wash, choose not to use           |
| 1439 | Penny  | Yep  |
| 1440 | Orlagh | Yes  |
| 1441 | Moira  | deodorant, she can eat anything she wants to and we have a         |
| 1442 |        | weight problem, we also have a problem with erm her diet           |
| 1443 |        | erm as well. She has to have sort dairy free where possible.       |
| 1444 |        | Erm so the choices and the choices that she could make (.)         |
| 1445 |        | within within the new professional way of looking at things,       |
| 1446 |        | that’s the worrying thing. (O Umm) And also because you            |
| 1447 |        | have, can’t be intrusive, with personal you know (-). It’s got     |
| 1448 |        | so politically correct now (O Umm) that one of the things          |
| 1449 |        | that makes me feel so sad is that when I’m not here to look        |
| 1450 |        | after her (.), if she needs a cuddle, (.) staff (.) shouldn’t even |
| 1451 |        | be doing that for her.   |
| 1452 | Orlagh | Umm umm [umm   |

Extract 36a begins with Moira immediately describing increasing choices and autonomy as something that is accompanied by problems. She names these problems in a three part list format (Jefferson, 1990) as, ‘choose not to wash, choose not to use deodorant and she can eat anything she wants to’ (1437-1441), which as previously

seen in extract one, functions as an extreme negative case to justify restricting the autonomy of individuals with learning disabilities. These assessments of increasing choices and control are met with immediate agreements (Pomerantz, 1984a) from two other mothers. Of significance is the way Moira explicitly refers to these problems as occurring in respite care (1438). There is a sense, therefore, that this would not occur within the home environment as her daughter would not be given the choice in the first place. Therefore, it seems that the notion of increasing choices and control is located within a professional realm, rather than a family realm. This is seen again in the way Moira refers to, 'the new professional way of looking at things' (1445), whereby the use of the words, 'new,' and 'professional way,' suggests that there are alternative ways of looking at giving choice and control to individuals with learning disabilities, perhaps more in tune with Moira's perspective. Next Moira talks about why allowing her daughter to choose what she wants to eat is a problem. This is described in increasingly technical terms, 'We have a weight problem, we also have a problem with erm her diet as well. She has to have sort dairy free where possible,' which functions to present Moira's daughter's problems as potentially too complicated to manage unassisted. Indeed, notice how Moira assigns a plural pronoun, 'we,' to the first two items of the list, thus claiming it as a joint problem which she supports her daughter with. This conception of Moira's daughter's needs as a mutual concern is reminiscent of Ferguson's (1987) conception of interdependence rather than independence in the provision of care.

A lack of assistance is also seen in the way in which Moira then uses increasing autonomy repertoires to construct, 'the new professional way of looking at things,' of which she explains, 'you have, can't be intrusive, with personal you know.' This utterance, ending in, 'you know,' is left sufficiently vague, allowing the listener to draw their own conclusions as to what personal activities are not assisted with. It also opens the floor for the voicing of other concerns that the, 'new professional way of looking at things,' may have had an impact on. This is exemplified in Moira's illustration of how her daughter should not even receive a cuddle from care workers (an antithesis to the essence of care). This example, together with her utterance, 'It's got so politically correct now,' is designed to fuel objection towards service commitments of increasing choices and control for people with learning disabilities,

commitments which are clearly located in services, and perhaps not shared by the parents in the group.

After a few lines (omitted for clarity), the extract continues as below:

#### **6.3.1.4 Extract 36b Group 3 Lines 1467-1486**

|      |       |  |
|------|-------|--|
| 1467 | Moira | So that and and I have to say, everybody is busy giving the    |
| 1468 |       | LD person choice and autonomy, well I'm sorry but she has      |
| 1469 |       | a brother of twenty six and he doesn't have much choice. (.)   |
| 1470 |       | He had to find employment, he has to get up and work five      |
| 1471 |       | days a week you know well he works longer than that but        |
| 1472 |       | that's his basic and then his his leisure is in is juxtaposed  |
| 1473 |       | with with having something to do (O Umm) that that he          |
| 1474 |       | earns his money within a (O Umm) capitalist society (O         |
| 1475 |       | Umm). And when I argue with somebody, they wanted to,          |
| 1476 |       | 'lets change the way day-services work, let's have then        |
| 1477 |       | coming in at eleven or twelve or staying later, hey instead of |
| 1478 |       | respite why don't we all go off to a (.) a hotel for a week    |
| 1479 |       | and go on a holiday and do something more meaningful.'         |
| 1480 |       | And I said, 'yeah and who's going to do the transport?'        |
| 1481 |       | 'Oh,' that was the first point, it would be me. 'But           |
| 1482 |       | secondly,' I said 'but Helen has a brother,' and in this       |
| 1483 |       | society he has to earn his living (.) and then what he does    |
| 1484 |       | out of that his leisure is is. So (.) as far as I'm concerned, |
| 1485 |       | Helen needs something to occupy her (.) Monday to Friday,      |
| 1486 |       | within a sort of office hours, and then leisure is on top.     |

The second part of this extract begins with Moira using an extreme case formulation (Pomerantz, 1986) 'everybody,' to describe the increasing attention to empowering individuals with learning disabilities. Using a disclaimer (Hewitt and Stokes, 1975) 'well I'm sorry but,' (1468) in the form of an apology, she negates any negative attributions associated with problematising the increasing attention to empowering service-users. Nonetheless, she does this by invoking a persuasive liberal discourse of equality for all, which was similarly seen in chapter 4 to justify why choices and control should not be dished out so freely to individuals with learning disabilities. Here she draws on the example of her son and the brother of her learning disabled daughter. The choice of this person, a member of the same family and generation, perhaps compels the listener to equate these two people as deserving of equal treatment. Notice also how Moira constructs her son's ability to gain choices over his life. The statements she makes, for example, 'He had to find employment,' and, 'well he works longer than that,' all give the impression that the opportunities for choice are not easy, even for non-disabled individuals. There is also a sense that her son

earns his right to have choice and control over his life, he suffers for it through his contribution to society.

This equating of the situation for people with learning disabilities to that of non-disabled individuals has similarly been seen in the first study on staff talk on increasing the choice and control of service-users. In that study it was found that speakers frequently advanced an 'all the same' theme. When this was invoked within practicalities talk discourses, constructions were employed of service-users as being in a similar position to 'us.' It was suggested that such a categorisation, within practicalities talk, had the effect of diminishing the plight of people with learning disabilities, whilst allowing speakers to counteract against a negative identity by positioning themselves as unable to facilitate choice for practical reasons. Here, rather than justifying why choices and control cannot be increased, it can be seen that an 'all the same' theme is drawn on to more or less argue against facilitating choices and control for individuals with learning disabilities at all, as it would involve unfair and special treatment.

From line 1475, Moira changes her footing (Goofman, 2001) to illustrate an argument she had with someone. She begins by authoring the words of another, possibly a staff member working for a service, which again links with the idea of choices and control being located within a professional and service realm. This has similarly been noted briefly in the second study which examined service-user talk about having choice and control. There, under the subheading 'Being Positioned by Others within Guardianship and Incompetence Discourses,' a resident called Izzy described how she was not informed of her carer's death. Though Izzy's mother knew of the carer's death, she described how she was 'more cross with staff and the house,' for being kept in the dark. It was suggested that Izzy had more confidence of being treated as an adult by the service than by their parents.

Here, using a three part list format (Jefferson, 1990), "lets change the way day-services work, let's have them coming in at eleven or twelve or staying later, hey instead of respite why don't we all go off to a (.) a hotel for a week and go on a holiday and do something more meaningful" (1476-9), Moira illustrates the contribution of presumably a service-worker to the argument. There is a sense that

Moirra is ridiculing this contribution, emphasised by the use of the word, 'hey,' (1477), as though the person she is talking to has made these suggestions without prior consideration of the practicalities. This is a contrast to Moira's contribution (1480-1484), where again using reported speech to accentuate the factuality of her account, practical considerations are produced and listed as numerical points 'first' and 'secondly' ('I said, 'yeah and who's going to do the transport?' 'Oh,' that was the first point,' and 'secondly I said 'but Helen has a brother,' and in this society he has to earn his living'). By ordering her points in this way, Moira adds structure to her account. This gives the impression that her argument is comparatively well thought out. Towards the end of this extract and as part of Moira's second practical consideration, liberal discourses are advanced again, bringing the discussion round to the conclusion that Helen, like her non-disabled brother, should be given equal and fair opportunities (without special treatment) based on their contributions to society. Of note is the way in which Moira states, 'as far as I'm concerned,' which gives a sense that her concerns would need to be met first before any consideration for allowing her daughter to have more choice and control over her life. Notice also how Moira constructs her son's time as comprising of leisure time and time spent earning a living (and perhaps earning his right to have opportunities and choices). She likens this to her daughter's situation, stating, 'Helen needs something to occupy her (.) Monday to Friday, within a sort of office hours, and then leisure is on top.' This suggests that choices and control should not exist within the work domain or be offered during time spent within an institutional organisation/service. Therefore, having choice and control over one's life is constructed as forming leisure time, as though it is a treat which should not intrude or impinge on work life. This construction again reifies the notion that choices and control should be earned by means of contributing to a capitalist society.

The three extracts above clearly demonstrate how increasing autonomy discourses are drawn on in a different way to that seen in the first study on staff talk. In the first study, staff constructed service-users as deserving of equal rights and choices. However, in this case, parents constructed their sons and daughters and other individuals with learning disabilities as incompetent, vulnerable and at risk. Additionally, staff drew on these discourses in the first study to construct themselves positively as facilitators of service-user choice and control. In contrast, parents used

these discourses to position themselves as concerned parents, who have put a lot of thought and consideration into and are responsible for their son's/daughter's welfare, interests and future. In this way, current policies to increase the independence, choices and control of people with learning disabilities were constructed as irresponsible, faddish, badly thought through and an accident waiting to happen. Such a use of increasing autonomy discourses was seen frequently across all three group discussions and can be seen in many of the other sections of this analysis (for example extracts 40a, 40b in the section about guardianship and incompetence repertoires and 42 in inclusion policies as obstacles to choice) when parents describe policies to increase choices and control as 'new' and 'professional' ideas which are located within a service domain.

### **6.3.2 Practicalities**

Practicalities repertoires were also frequently observed in the first study, whereby staff described practical obstacles to increasing the choices and control of service-users. These obstacles were either based on internal factors such as cognitive impairments and speech difficulties, or on environmental factors such as inadequate staffing. Practicalities repertoires have similarly been observed in the present study on parent talk in focus group discussions. However, whilst in the first study it was frequently combined with increasing autonomy repertoires (and less frequently observed alone), this was not the case here. Indeed, mixed increasing autonomy and practicalities repertoires were only observed on one occasion in the first focus group discussion and not in any of the other group discussions. On the other hand, the invocation of practicalities repertoires alone was observed in abundance across all three group discussions.

This first extract follows from a lengthy discussion where Alan has been describing his daughter's (Carly) difficulty in having choice and control over her living arrangements. He now turns to another situation in which Carly lacks choice and control; that of her morning routine. Notice how he invokes a practicalities repertoire, drawing on environmental obstacles such as a busy schedule to explain and justify why Carly has limited choice and control in the morning.

#### **6.3.2.1 Extract 37 Group 1 Lines 1211-1270**

1211 Alan The other thing, Carly has no choice about what time she  
1212 gets up or anything in the morning because the carer is there  
1213 from eight fro from seven until eight and Carly has to go  
1214 through all the processes (-) bath, breakfast, toilet and all  
1215 that sort of thing before the carer goes (R Umm) So you  
1216 can't give her any choice on that. My wife works at  
1217 Sainsburys and she goes in at seven o' clock on a Saturday  
1218 and there are times when I say go, 'okay Carly you can have  
1219 a lay-in.' Do you know she won't even bother to get out of  
1220 bed. And Victoria comes home at eleven o' clock and I have  
1221 to make sure, well I do make sure [that she's  
1222 Kim [Huh  
1223 Alan up and [bathed and had her breakfast by the time  
1224 Kim [hahaha  
1225 Diane [hahaha  
1226 Chris [hahaha  
1227 Fiona [hahaha  
1228 Alan Victoria comes home so we can go out. (D Umm) er but she  
1229 will still be there I'm sure. Er nothing actually motivates her  
1230 to get out of bed (R Umm) so forget the choices on that (-)  
1231 she has to do as [she's told  
1232 R [Umm huhu  
1233 Chris [Cor aren't we lucky?  
1234 Ben [Yeah hehehe  
1235 Kim And I and I suppose as well with the choices in the morning  
1236 even if Carly like you said did want to stay in bed and you  
1237 felt that that was okay, your choice is restricted by the time  
1238 this carer comes anyway [which you have no choice over  
1239 [because  
1240 Alan [That's right [No  
1241 Gina [Umm  
1242 Kim that's when they can slot you in  
1243 Diane Yeah that's it [yeah  
1244 Kim [Slot Carly in to help her  
1245 R [Yeah  
1246 Alan [No it's it's because of the mini mini bus  
1247 Diane [Umm  
1248 Chris [Umm  
1249 Kim [Yes of course  
1250 Alan Carly's got to have something like half an hour sitting on the  
1251 loo after the carer's gone o she's all ready, prepared waiting  
1252 to go and sometimes we get a phone-call from the bus then,  
1253 'we're at the traffic lights now we won't be [long. As says,  
1254 Diane [Huh Gawd  
1255 Alan 'well tough, Carly's busy [huhuhu and you'll have  
1256 All [Huhuhu  
1257 Alan to talk amongst yourselves  
1258 All [Hahaha  
1259 Diane (that is hard umm)  
1260 Alan Er and sometimes I'll go down to the coach and min minibus  
1261 and say to Karen, 'sorry but she hasn't done it yet huhu  
1262 Alan [(-) now the good news is that she's here the bad news is that  
1263 Fiona [Huhuhu  
1264 R [Huhuhu  
1265 Gina [Huhuhu  
1266 Chris [(no doubt yeah) haha  
1267 Alan she hasn't done it [huhuh  
1268 All [hahahah



1269 Chris oh dear  
 1270 Alan Sorry about that. You can erase that if you like

The extract opens with Alan announcing that his daughter has no choice over anything in the morning. Up to line 1216, this is attributed to a pressured schedule. The arrival of the carer has a limiting influence on what time Carly can wake up. Additionally, using a three part list, 'bath, breakfast, toilet,' (Jefferson, 1990), which gives a sense of Carly and her carer being completely engaged in the necessary practical tasks, Alan names the activities that must be accomplished within this timescale and emphasises this with an extreme case formulation (Pomerantz, 1986), 'all the processes.' This leaves no doubt that Carly's time is unavoidably taken up, with no room for consideration of her choices and control, which is summarised conclusively with the statement, 'So you can't give her any choice on that.'

Up to this point, Carly's restricted choice and control has been attributed to her carer's schedule. However, between lines 1216-1231 Alan produces another reason for Carly's limited choice. He describes how his wife leaves for work at seven o'clock on Saturdays. It seems, however, that Carly is allowed some flexibility in her morning routine at the weekend, which is facilitated by him in his wife's absence. Therefore, using reported speech and changed footing (Goffman, 2001) Alan switches from reporting how Carly has no choice in the morning to persuasively positioning himself as a facilitator, stating, 'I say, go 'okay Carly you can have a lay-in.' Between lines 1220-1221 Alan explains that his wife returns home at eleven o'clock. Here he states, 'I have to make sure,' which he then upgrades to, 'well I do make sure.' This therefore gives the impression that despite attempting to allow Carly some flexibility, even his activities or efforts are constrained by his wife's requirements, thus conjuring up an image of a man who is under his wife's thumb. Recognition of this is shown by laughter from most of the female participants in the room, whilst Alan (again using a three part list), names the practical activities that must be accomplished before his wife's return. Therefore, it would seem that Carly's choices are constrained by another practical factor, the return of Alan's wife.

So far Alan has positioned himself as a facilitator of Carly's choices who is constrained by his wife's imminent return. Nonetheless, notice his utterance (1219)

where he resolves that Carly, 'won't even bother to get out of bed.' This suggests that despite giving Carly the option to, 'have a lay-in,' her decision to remain in bed is not something he approves of. This disapproval is suggested again between lines 1228-1231, with severe implications for Carly's choices and control. Alan explains that 'nothing' could motivate his daughter to get out of bed. This is an example of an extreme negative case which is similar to what was seen in the first section examining increasing autonomy repertoires where Diane reported that 'there's going to be a really horrific thing happening' if supported living schemes are implemented. In the study examining staff talk, it was found that extreme negative cases were used as strong examples to justify restricting the autonomy of people with learning disabilities. This extreme negative case gives the impression nothing will ever motivate Carly to get out of bed and on that basis, indicated by the word 'so,' Alan decides to 'forget the choices on that [(-) she has to do as [she's told.]' In addition, we see now that Alan has gone from positioning himself as a facilitator of his daughter's choices to constructing himself as an authoritarian father and the epitome of macho style parenting.

At this point in the extract, a little exchange occurs between Chris and her husband Ben. Here Chris voices gratitude (perhaps rather smugly), 'cor aren't we lucky' (1233) to her husband, who agrees. It is possible that this is an expression of relief that their daughter, Stacey, makes fewer demands regarding her rights and choices, or that facilitating Stacey's choices and control is less complicated. Either way, it would seem that Alan's situation is perhaps regarded sympathetically by other parents in the group. At this point, (1235), Kim, (a care manger) brings the discussion back to Alan's original practical considerations that of being restricted by the carer's schedule. By reiterating Alan's position as a facilitator of his daughter's choices, 'even if Carly like you said did want to stay in bed and you felt that that was okay, your choice is restricted by the time this carer comes anyway.' She softens Alan's blatant denial of his daughter's choices by reminding other listeners that Alan allows his daughter to have a lie-in on Saturdays (1218-19).

Between lines 1237-1249 a small negotiation takes place between Alan and Kim regarding the biggest offenders (the carer's arrival and the mini bus) restricting Carly's choices. However, from line 1250, the conversation changes direction again.

Now, rather than discussing how the morning time schedule is at odds with giving Carly more choice, Alan brings the topic around to how his daughter's morning schedule may be jeopardised by Carly herself. This account describes a small moment in the morning schedule where Carly's behaviour cannot be guided or controlled by others and, therefore, it disrupts the smooth operation of the morning activities. This account could be constructed as an area in which Carly successfully exercises choice and control over life. However, rather than it being a cause for celebration, it is instead cast as a situation where she is being difficult and causing problems. Notice the way in which it is constructed as a great inconvenience. Again using a three part list (Jefferson, 1990) Alan begins by recounting how Carly is, 'ready, prepared and waiting to go' (1251-52), which gives the impression of her standing by for the next stage in her regimented schedule. There is also the sense of the imminence of the arrival of the mini-bus, conveyed using reported speech, 'we get a phone-call from the bus then, 'we're at the traffic lights now we won't be [long.]' The way in which the bus driver alerts Alan of his estimated time of arrival is in itself perhaps a suggestion of the expectation that Carly should be fully ready and waiting to get on. However, Carly is 'busy' (1255). She has, as Alan explains, 'got to have something like half an hour sitting on the loo after the carer's gone,' and, 'she hasn't done it yet.' The inconvenience of this can be seen in how Alan, again changing his footing to author his own words (Goffman, 2001) states, 'you'll have to talk amongst yourselves.' This indicates that several people are ready and waiting for Carly and have perhaps been put out by her behaviour. The inconvenience is also expressed in how Alan, again using reported speech to emphasise the reality and commonplaceness of such a situation, apologises to Karen (1261) and states, 'the bad news is that she hasn't done it yet.' Such constructions of Carly as lazy (1219-20) and inconvenient (1255) are pitted against practicalities repertoires and emphasise how parents struggle to get things done under pressure. Of significance, however, is the example Alan gives here. Carly's intimate and private toileting habits are advanced both in the world in which the group discussion is taking place, and also in the world being spoken about and is described with much jocularly as a (nonetheless) demeaning example of how Carly's less controllable behaviour can be a disruptive inconvenience to what otherwise would be a perfectly scheduled routine. Additionally, though Alan recognises the inappropriateness of his example 'Sorry about that. You can erase that,' Carly's dignity, choices and control are never fully

considered in this extract as more important than the practical and flawless running of her morning routine.

During conversation in the second focus group, it was mentioned on several occasions that Kiera and John's son, Ed would like to find employment after leaving college. For example, early in the discussion Kiera stated, 'he he would love he would love to (.) have a little bit more independence (I Yeah) have (-) be able to have a little job, with money you know.' Indeed, a short time after extract 38, she also stated, 'I know Ed he would love a little cleaning job.' Shortly following this utterance, I asked Kiera what she thought her son would like to do after he left college. She responded, 'he did say once he wanted to be a builder but he don't like heights,' whilst her husband replied, 'want to work in construction,' and, 'I've asked him quite few erm like he wanted to be a (word) to work in [horticulture.' Later still in the discussion, when describing her disapproval at her son being offered too little money for a job, Kiera used reported speech to author the conversely positive reaction of her son, "'gosh I've I've got a little job and I'm going to get paid.'" It is not the intention of this analysis to take these utterances at face value as they have been advanced to perform certain functions within the context that they are situated. However, these statements have been collated as a backdrop for the proceeding analysis, in which practicalities repertoires are employed to argue against Ed's preference of gaining employment.

Despite Kiera and John's frequent assertions that their son wished to find employment after leaving college, they often spoke about the difficulty they felt that he would face in doing this. Therefore, practicalities discourses were frequently advanced to justify why Ed would not or should not be able to gain employment. The practical obstacles raised included being 'made a clown of,' (1162-3), being picked on, (1255-6), being taken advantage of (line 1848) and being bullied (1853). Here we see another return to the topic, however, now the practical problem concerns Edward's physical impairments. As mentioned above, this problematising of the impairments of individuals with learning disabilities has also been noted in the first study where staff workers' referred to internal factors such as cognitive impairments or verbal difficulties as practical obstacles against giving choices and control.

### 6.3.2.2 Extract 38 Group 2 Lines 1912-1936

|      |        |   |
|------|--------|---|
| 1912 | Kiera  | I think no but I mean it's like with Ed like, I say a part time |
| 1913 |        | job (-) would suit him [(.) (even)                              |
| 1914 | John   | [That's another thing it's another                              |
| 1915 |        | thing to I I've took into consideration, I don't know about     |
| 1916 |        | Kiera but (.) it's like his balance and everything. (-) And     |
| 1917 |        | it's his movement he's very Ed is very very stiff. He's got     |
| 1918 |        | no [(-) not (word)  |
| 1919 | Kiera  | [Ee's ee's spastic in his legs                                  |
| 1920 | John   | He's spastic in his legs (I yeah) [(-) and (-) you              |
| 1921 | Kiera  | [as well (.) yeah   |
| 1922 | John   | [but then you then you have to start thinking                   |
| 1923 | Ida    | [that's a shame   |
| 1924 | John   | about you know is it going to be heavy work for him and         |
| 1925 |        | that (K yeah) because (I yeah) he does a little bit of er hard  |
| 1926 |        | labour and ee ee can't handle that much (I no) and he has       |
| 1927 |        | to sit down (K yeah) and you you got to think about a job       |
| 1928 |        | where he can actually say, 'oh I w want a [rest now,'           |
| 1929 | Hilary | [let's have five  |
| 1930 |        | minute  |
| 1931 | Kiera  | Exactly yeah  |
| 1932 | John   | and there's a lot of places where you can't actually do that    |
| 1933 |        | (K Umm) you know they won't actually let you (K yeah) (I        |
| 1934 |        | No). It's y you've got to be very careful [(-) I think (-) you  |
| 1935 |        | know  |
| 1936 | Kiera  | [Exactly (.) yeah   |

Kiera begins by suggesting that a part time job (1912-13) would suit her son. What is immediately noticeable here is the way a part time job is considered suitable as opposed to an ostensibly more demanding full time job. Also notice the way in which she introduces her suggestion of a part time job with an assertive and decisive utterance, 'I say a.' It could be argued that both of these features in talk would be considered unusual if one were referring to a non-disabled adult. John follows on from this, stating, 'That's another thing it's another thing.' This indicates (as previously mentioned) that this is an established topic in the discussion, where several considerations have already been made. Next, using several extreme case formulations (Pomerantz, 1986) to emphasise the severity of Ed's physical impairments, John introduces what his concerns are, 'his balance and everything. (-) And it's his movement he's very Ed is very very stiff.' This is taken up and reformulated by Kiera (1919), using more diagnostic and medical terminology, 'ee's spastic in his legs,' which functions to increase the legitimacy of her son's complaint. John reiterates this in line 1920. Therefore, as the extract progresses between lines 1912-1921, these reformulations and reiterations, co-constructed between Kiera and John increase the facticity of the account through consensus and corroboration.

Between lines 1922-1936, (beginning with John's utterance, 'but then you then you have to start thinking about you know'), we observe how Ed's physical impairment is constructed as a practical obstacle against seeking and retaining employment. Notice John's statement, 'a little bit of hard labour.' Unlike previously, where extreme case formulations were utilised to maximise the severity of Ed's condition, here we see the use of a minimisation, 'a little bit,' to emphasise how little Ed would be capable of doing. Additionally, this has been combined with an extreme case formulation (Pomerantz, 1986), 'hard labour,' which constructs work or employment as something only a very fit and able individual would be able to do. Using reported speech, John also problematises how Ed may need to ask for a rest (1928). This has the effect of narrowing the job options available to Ed, which combined with the use of an extreme case formulation in the statement, 'there's a lot of places where you can't actually do that,' implies that finding employment for Ed would be difficult. Co-construction of this problem can again be seen by Kiera's consensus (1931 and 1936), and also in the way Hilary (1929-30) in overlapping speech also voices consideration that Ed may need to ask for a rest. This therefore functions to give the impression that having a break at work is a genuine concern for parents of adults with learning disabilities. However, such talk also arguably functions as an obstacle against facilitating Ed's wishes to find employment.

Two extracts were presented under the 'practicalities' subheading. In the first, parents constructed environmental obstacles to choice, whilst positioning themselves as facilitators of choice. However, a construction of a daughter as lazy justified one parent's subject position as an authoritarian parent, enabling him to strongly refuse to offer choice. A son was also constructed as inconvenient, which within practicalities repertoires allowed parents to position themselves as struggling to get things done under pressure. In the second extract, family carers constructed physical impairments as practical obstacles against gaining employment. Here, an extreme case formulation (Pomerantz, 1986) was used to construct the speaker's son as capable of very little. Meanwhile the co-construction of this account between family carers increased its facticity through consensus and corroboration, constructing the son's preference to have employment as a mutual concern.

### 6.3.3 Mixed Increasing Autonomy and Practicalities

In the first study, it was found that increasing autonomy discourses and practicalities repertoires were frequently and dilemmatically drawn on together as a mixed discourse, and represented what Jingree and Finlay (2008), Wetherell et al (1987) and Wetherell and Potter (1992) described as a practical/principal rhetorical device. In this study increasing autonomy repertoires were used by staff to strenuously appeal to liberal philosophies of rights and freedom of action and to argue for increasing the choice and control of service-users with learning disabilities. These repertoires were found to feature as part of many of the contradictory and dilemmatic argumentative resources drawn on in staff talk about increasing the choice and control of service-users. By drawing on these increasing autonomy repertoires and practicalities repertoires simultaneously, staff members were able to position themselves as respecting two institutional agendas: increasing service-user autonomy and providing good quality care. Practicalities talk served to weaken arguments for increasing autonomy, whilst permitting speakers to maintain a positive identity as endorser of service-user rights and choices.

These mixed increasing autonomy and practicalities repertoires were only observed on one occasion (extract 39 below) across three group discussions. Here a practical/principal rhetorical device can be seen, whereby the speaker (Evan) contradicts his argument of allowing individuals with learning disabilities to choose their holidays by drawing on practical concerns. This extract follows on from a discussion about how Alan's daughter, Carly, and Evan's son, Dave, should not be allowed to have choice over what they eat as they are unaware of the consequences of their decisions.

#### 6.3.3.1 Extract 39 Group 1 Lines 2256-2306

|      |       |   |
|------|-------|---|
| 2256 | Evan  | I mean I think it's things like holidays you could you they |
| 2257 |       | they they should be able to make cho choose on what sort    |
| 2258 |       | of holiday they want to go on aren't [they?                 |
| 2259 | Diane | [Umm  |
| 2260 | Evan  | Erm some then then some holidays erm for (incentive) if it  |
| 2261 |       | was involving a a plane ride out to New York or             |
| 2262 |       | something like that erm which they couldn't cope with out   |
| 2263 |       | without having erm someone to care for them it that's not   |
| 2264 |       | a choice is it? It it we couldn't happen [but but but you   |
| 2265 | Alan  | [that's right   |

2266 Evan know (-) other sort of more low key holidays where there's  
 2267 proper proper control and care then they should be able to  
 2268 choose shouldn't they? There's there's plenty of things  
 2269 they can can have choice on  
 2270 Diane but holidays are dif are difficult because we always find  
 2271 that when we take Dave on a holiday that the first two or  
 2272 three days are quite stressful  
 2273 Chris Umm  
 2274 Diane because he hasn't got anything [(-) to hang on  
 2275 Gina [with him  
 2276 Evan [it's all different  
 2277 [everything is different (words) yeah yeah  
 2278 Diane [The bedding's different. The eating's different and we  
 2279 went to Gran Canarias in February last year and the [first  
 2280 Evan [This  
 2281 Diane [three days were rea this year on it's this year seemed like  
 2282 Evan [year  
 2283 Diane last year but it was this year huhu but it was awful the first  
 2284 three days. We went with my eldest son, his wife and little  
 2285 boy and everybody was very patient but (-) I was  
 2286 beginning to think this is a mistake  
 2287 Gina [yeah  
 2288 Evan [was he ever going to settle down yeah  
 2289 Diane but then all of a sudden he got used to it and by the time  
 2290 we were time to go home he could have been there for the  
 2291 next month [you know I mean  
 2292 Fiona [hu or indefinitely  
 2293 Kim [hahahah  
 2294 Diane but it it [it's a change you know it  
 2295 Evan [(what was) with him yeah. (-) They can't adapt  
 2296 [then then you know in inverted  
 2297 Diane [they can't change  
 2298 Evan commas 'ordinary people' sometimes have it  
 2299 Gina [umm  
 2300 Diane [umm  
 2301 Evan have a little while to to to [adapt to to to  
 2302 Chris [oh yeah  
 2303 Diane [Yeah  
 2304 Evan changing situation where if you're going on holiday and  
 2305 [(-) erm a different place  
 2306 Diane [I don't think so I love holidays

The extract begins with Evan introducing a new area for choice: holidays. Here, as seen in the first study, increasing autonomy repertoires are advanced to suggest that people with learning disabilities 'should be able to make cho choose on what sort of holiday they want to go on.' This is the only occasion over the entire data-set where increasing autonomy discourses are invoked to explicitly champion facilitating choice and control for individuals with learning disabilities. Nonetheless, notice how he states, 'it's things like holidays you could,' (2256), to clearly distinguish, 'holidays,' from the previous topic of discussion (food). This indicates that the notion of increasing choice and control only applies to certain domains (e.g. holidays) and not others. Indeed, although increasing autonomy discourses are explicitly put forward,



Evan's utterance ends with a confirmation seeking interrogative tag (Pomerantz, 1984a), 'aren't they?' This suggests that though Evan has strongly endorsed allowing individuals to choose their holidays, there are certain tensions in taking up this position. Therefore, he looks to the group of other parents for consensus. However, other members of the group do not express agreement though they are invited to. Therefore, receiving only one weak agreement (Pomerantz, 1984a), 'umm,' from his wife Diane, the practical/principal rhetorical device then comes into play, whereby Evan contradicts his assertion by suggesting practical obstacles, such as, having to travel by plane, the ability to cope with travel and the need to travel with a carer support (2260-2263). This is followed by an explicit statement, 'that's not a choice is it? It it we couldn't happen,' which renders even having a choice of holiday as out of bounds. Consequently, through the practical/principal rhetorical device, increasing autonomy discourses and practicalities discourses are simultaneously mobilised. This functions to undermine utterances which promote the right to have choice over one's holiday. What is more, unlike in line 2259, whereby increasing autonomy talk received weak agreement, here a practicalities discourse receives a strong agreement, 'That's right' (2265) (Pomerantz, 1984a).

Therefore, what we have seen so far is that choice and control are only endorsed in certain domains, such as choosing a holiday. This argument is weakened through the simultaneous advancement of practicalities talk, which functions to moderate the amount of (already constrained) choice allowed over holidays. Evan then suggests a form of bounded empowerment (2264-2269), which was similarly observed in the first study, whereby though choice is offered, it is bounded by what is considered safe and practical to facilitate. Thus, in this case, 'low key holidays,' are offered with, 'proper control and care.' With these restrictions in place, Evan puts another question to the group, 'they should be able to choose shouldn't they?' This again seeks confirmation towards endorsements of choice and control. However, even within this restricted frame this is not taken-up or confirmed by other speakers. As seen in the first study, this mixed discourse perhaps indicates that there are ideological tensions (Billig et al, 1988) at work. Using an extreme case formulation (Pomerantz, 1986) to lessen the sense of these restrictions, Evan then suggests, 'there's plenty of things they can can have choice on.'

Between lines 2270-2306, Evan's wife, Diane, then takes up the account and together they co-construct an occasion where they had difficulty with their son on holiday. This jointly-produced account based on personal experience functions to add undeniable corroboration to Diane's claim that, 'holidays are difficult.' It is also used to support a later claim (2294-5) that individuals with learning disabilities cannot cope with changes to their lives. She begins by using an extreme case formulation to assert that she 'always' finds the start of holidays with her son to be 'stressful.' As seen frequently in the first study and in extracts 34, 36a and 37 of the present study, this is another example of an extreme negative case, which functions as a strong negative example against providing increased opportunities for choice and control. Of note is the way in which two other mothers and Evan then jointly add to the account in overlapping speech between lines 2274-2277, co-constructing and corroborating a lack of familiarity, routine and structure as sources of difficulty on holiday. This reference to structure, routine and familiarity was frequently encountered in the group discussions as a way of meeting the needs of individuals with learning disabilities and was privileged instead of increasing choice and control (see extracts 40d, 41, and 42). Its use here may indicate that holidays are constructed as a removal from the safe and supportive environments that individuals are used to. Indeed, Diane then goes on to elaborate more specifically that, 'the bedding's different. The eating's different.'

The account then moves to a more specific description of the holiday. Precise details are given of when the family went on holiday, who they went with and exactly how many days were awful (2283-2288), all of which add vividness to Diane and Evan's account. Notice the way in which it is described as converse to what would be expected of a holiday, evoking a real sense of disappointment and discontentment in the words, 'mistake,' and awful.' This is all worsened by the fact that, 'everybody was very patient,' including a 'little boy,' which not only adds emphasis to the disappointment but also contrastingly positions Diane and Evan's adult son as disruptive. Between lines 2289-2291, Diane then notes a positive change in her son's reaction to his holiday. Despite this, there is a sense of it coming too late, seen in the way she says, 'by the time we were time to go home he could have been there for the next month.' This assessment is upgraded by Fiona (line 2292) where a stronger

agreement of 'or indefinitely' is given to the prior assessment of 'one month' (Pomerantz, 1984a).

As the account of the family holiday to Gran Canarias concludes, its purpose becomes more apparent. The way in which it terminates with, 'but it it [it's a change you know,' 2294 justifies Diane and Evan's next claim that, 'they can't adapt.' This is another allusion to the need for familiarity, structure and support. Therefore as the extract has progressed, we have seen this couple argue that choices may be given in certain domains such as holidays when other members do not agree. Through a practical/principal rhetorical device, this is restricted to, 'low key holidays,' where again the group does not agree when invited to and moreover, despite this allowance, holidays are still 'difficult.' Finally, demonstrated by their convincing account based on personal experience, holidays can disappointingly become a 'mistake.'

Towards the end of the extract, following Evan's claim that, 'they can't adapt,' an 'all the same' category is used, whereby he states that correspondingly, "ordinary people" sometimes have it have a little while to to to [adapt to to to changing situation where if you're going on holiday and erm a different place' (2298-2305). This is also made explicit in Evan's reluctance to differentiate between learning disabled and non-disabled people, indicated by his use of inverted commas in, "ordinary people." Such a use of 'all the same' categories has also been observed in the first study and in extract 36b above. In extract 36b it was mobilised within increasing autonomy repertoires to suggest that individuals with learning disabilities should not have more opportunities for choice and control as non-disabled individuals. Therefore, it was utilised to support claims that choice and control should be earned. Here, however, it is used by Evan within increasing autonomy style discourses to soften his own and Diane's assertion that 'they can't adapt,' and 'they can't change.' Nonetheless, this is met with opposition from Diane, 'I don't think so I love holidays,' (note that this is the third time that other members of the group have not agreed with Evan) who by disagreeing with Evan, contrastingly positions herself as an 'ordinary' individual who loves holidays. In this way she effectively undermines constructions of the reactions of individuals with learning disabilities as comparable to that of non-disabled others, thus reinforcing arguments that 'holidays are difficult,' as they are a removal from the depended-upon routines and structures which facilitate their lives.

#### **6.3.4 Guardianship and Incompetence**

In the second study, service-users often drew on guardianship and incompetence repertoires, which constructed individuals with learning disabilities as vulnerable and in need of protection from non-disabled individuals. They also positioned service-users as incompetent, unable to make decisions of their own and incapable of coping with their choices. These repertoires were drawn on in different ways when constructing accounts about having choices and control. For example, speakers either positioned themselves or other service-users within these discursive frames or they described being positioned by others within them. When speakers positioned themselves within these repertoires, certain constructive outcomes were accomplished. For example, they were observed managing and attributing blame, managing a competent identity, avoiding contentious topics and 'doing having a good quality life' (see Rapley, 2004), whereby they orientated to expressing satisfaction and contentment with their circumstances. However, when service-users described being positioned by others within these repertoires, they were often positioned as needing protection and constructed as incapable of managing their choices.

Guardianship and incompetence repertoires were prominent in much of the parent discussions about facilitating the choices and control of their sons or daughters. However, unlike the first study where it was suggested that these repertoires could be used constructively, here family carers were observed positioning their son, daughter or sibling within these discursive frames with disempowering effects. This had similarities to how service-users in the second study described being positioned by others within guardianship and incompetence repertoires. In this case, when parents positioned their son or daughter within these repertoires, they discussed how other people held too much expectation of their son's/daughter's ability and competence. These arguments were, therefore, used to argue against facilitating choices and control. Extract 40 has been taken from the first group discussion and follows parent descriptions of their sons/ daughters as children. It is a very lengthy extract, therefore, for ease of interpretation and understanding it has been divided into four parts (a-d). Throughout this lengthy extract, parents produce a series of anecdotes which construct their sons/daughters as lacking capacity in various situations. These

function as a base of evidence, supporting an argument (made in part d) that individuals with learning disabilities should be made or pushed to do things.

#### 6.3.4.1 Extract 40a Group 1 Lines 541-591

541 Gina Something about Kate she could read and write and she was  
 542 numerate before she was seven  
 543 Diane uhuh  
 544 Gina And she retained all of that  
 545 Diane Umm  
 546 Gina and I have often thought that has been to her disadvantage  
 547 because people expect too much of her  
 548 Diane Umm  
 549 Evan Umm  
 550 Gina And especially carers i in you know where she lived, until  
 551 they really got to know her and the turn-over was so (-)  
 552 quick some of the times [they  
 553 Diane [Umm  
 554 Fiona [Umm  
 555 Gina didn't get to know her. But they think because Kate can  
 556 look at a clock and tell the time, she's writing her diary  
 557 everyday and you know she can (.) count that that they  
 558 expect too much of her [and I've said that many many times  
 559 Evan [Yeah  
 560 Gina because (-) it doesn't mean anything, it's only what she  
 561 knew when she was seven, you know [she e  
 562 Evan [I see yeah so in a time  
 563 warp  
 564 Gina Yes. She's never read a book or  
 565 Fiona [Umm  
 566 Diane [Umm  
 567 Gina erm (-) she doesn't do sums or anything [like that  
 568 Fiona [No  
 569 R Do you have any examples of where they've expected too  
 570 much from her?  
 571 Gina Erm hahaha (-) yes possib I'm mean they know she can tell  
 572 the time so if they if she get up in the morning e it is  
 573 expected that she is going to be ready and get on the coach  
 574 Diane [Umm  
 575 R [Umm  
 576 Gina but she sits and does her tapestry  
 577 Fiona Yes she's  
 578 Gina erm you know and (-) lots of carers know that and they go in  
 579 and they chivvy her along (.) but if they don't know it you  
 580 know it's all this amazing thing Kate's not even dressed and  
 581 yet she's writing her diary  
 582 R Umm  
 583 Gina or playing patience on her computer (-) you know (sighs) so  
 584 I really do believe that that is partly it has been a  
 585 problematical [for her the fact that  
 586 R [Umm  
 587 Fiona [Umm  
 588 Gina she, people do expect too much of her  
 589 Evan Yeah  
 590 Gina and she's not, she's capable of so little really of her own (.)  
 591 you know it's very difficult to [explain

In Extract 40a, Gina works up a description of her daughter's (Kate) performance as creating a false impression of her capacity. Using a three part list (Jefferson, 1990), she names certain skills (she could read and write and she was numerate) that her daughter has 'retained.' Notice the implied loss of skill in the use of the word retained here. At the beginning of the group discussion, Gina described how Kate had a tumour removed from her brain at the age of seven. This left her epileptic and with autistic tendencies (18-22). Therefore, this retention of skill is likely to be a reference to educational capabilities developed prior to her daughter's illness. Whilst this would usually give reason to be thankful, here it is problematised and constructed as a 'disadvantage,' which is explained by drawing on guardianship and incompetence discourses as 'people expect too much of her' (547).

Between lines 550-561, Gina moves to situate the problems associated with the misleading impression of Kate's capacity. Here, with her utterance, 'especially carers,' which holds care staff accountable, she locates the problem within a service realm. This was similarly seen in the first section about increasing autonomy repertoires, particularly in extract 36a, where Moira described how her daughter could go into respite care and choose not to wash or wear deodorant. This again suggests that such problems would not be encountered in the home environment. Therefore, by constructing her daughter as unable to meet the expectations of staff, there is a sense that Kate has been set up to fail or at least perform unsatisfactorily in certain domains where autonomy may be facilitated. This again implies that increasing choice and control in the service sphere is disapproved of. Gina also explains how carers understandably make this error about her daughter. Again using a three part list (Jefferson, 1990), she cites certain accomplishments, 'Kate can look at a clock and tell the time, she's writing her diary everyday and you know she can (.) count' (555-7), which produce the misleading conclusion that she is capable. These misperceptions are attributed to a lack of familiarity with her daughter (lines 550-555), created by initial impressions. However, the accomplishments, as less experienced carers falsely presume, do not map onto Kate's actual capacity. This can be seen in the way Gina then minimises their significance for capacity, claiming, 'it doesn't mean anything, it's only what she knew when she was seven.' Of significance is the way in which Evan upgrades this assessment (Pomerantz, 1984a) to 'I see yeah so in a time warp,' which has the effect of constructing people with

learning disabilities as being detached from reality. This construction was frequently observed in these discussions. Gina then gives two examples which function to represent certain criteria for capacity, both of which her daughter has not achieved: 'she's never read a book,' and 'she doesn't do sums or anything like that.' It could be argued that these are things that younger children could achieve. This is particularly noticeable because of the use of the word, 'sums,' rather than a more obviously adult activity such as arithmetic. Such use of a childish activity which is unattainable by her daughter, perhaps functions to diminish Kate's lack of competence further.

In line 569 I ask Gina if she has further examples of how staff expect too much of her daughter. This question is perhaps pivotal to the way in which parents then initiate giving and contributing to anecdotes. However, it is significant that though this question is specifically addressed to Gina, other parents also contribute to the generation of anecdotes, for example, Kim and Chris in Extract 40b, Alan and Fiona in Extract 40c and Diane and Evan in extract 40d. These anecdotes seem to be presented in an order whereby each example described is increasingly negative. This reaches a climax at the end of extract 40c and is followed by an explicit objection to increasing choices, 'you don't give a choice like that to [to my daughter]' (extract 40c, 686). Gina responds to my question by reiterating staff knowledge that her daughter can tell the time. However, this is constructed as problematic in the way that staff then expect Kate to also be able to manage time. It is important to draw attention to the way in which Kate's preference to do her tapestry is constructed as ill-timed and problematic behaviour, whilst staff commitments to assist her with getting ready are taken up as a priority. Gina again refers to the importance of familiarity with her daughter's ability, stating, 'lots of carers know that and they go in and they chivvy her along.' This knowledge of her daughter is constructed as fundamental to the efficient and unproblematic management of Kate's routine, contributing to the recognition that one must 'chivvy her along.' This could be interpreted as a way in which staff agendas are accomplished, a way in which Kate can meet staff expectation 'to be ready and get on the coach,' but at the cost of ignoring her preference to do her tapestry. Nonetheless, though this may be the case, the use of a colloquialism such as, 'chivvy,' calls to mind a light-hearted prompting, which is more respectful of Kate's freedom of will than a less respectful verb such as 'push' would be.

From line 579, the importance of being familiar with Kate is highlighted again in how Gina constructs the incongruence between Kate's skills and her failure to adhere to institutional expectations such as being dressed. Using an extreme case formulation (Pomerantz, 1986) 'all this amazing thing,' to emphasise the discrepancy, Gina names what could be considered as more complex activities, 'she's writing her diary,' and 'playing patience on her computer,' to stand against the ostensibly more routine task of getting dressed. If Kate is able to partake in such complicated past-times, it would be understandable for less experienced staff to have the wrong impression of Kate, perhaps contributing to difficult situations. This is emphasised between lines 584-590, where with another extreme case formulation, 'I really do believe,' Gina reiterates her claim that, 'it has been a problematical [for her.]' As the extract draws to a close, a contrast is worked up between staff expectations of Kate (bolstered with an extreme case formulation, 'people do expect too much of her') and her capacity for independent action (played down with a minimisation, 'she's capable of so little really of her own.'). Therefore, in this extract Gina gives an account of how staff allow Kate more freedom of action in situations such as her morning routine. This is described as a problem, in that staff 'expect too much' of her daughter. By constructing Kate as unable to meet the expectations of staff and unsuccessful in domains where autonomy may be facilitated, Gina justifies her claim that 'people do expect too much of her' (588) by allowing her to be in control of her own morning routine. It is notable that on both occasions when Gina claims that people expect too much of her daughter (558 and 588) this is met with agreement (Pomerantz, 1984a) from Evan (559 and 589). This perhaps implies that increasing independence in the service sphere is disapproved of.

The parent discussion follows on immediately below in Extract 40b, and contains a sequence of anecdotes which function as extreme negative cases, each illustrating and elaborating on the point that too much can be expected of individuals such as Kate. This begins with Gina providing an extreme negative case of how her daughter now has to pay for a taxi every day to go to her day-service.

#### **6.3.4.2 Extract 40b Group 1 Lines 597-655**



597 Gina and then (-) she goes about you know this happened (-) two  
 598 or three years back, by a taxi everyday down to Marleigh (-)  
 599 because 'we're not going to have the others waiting for her  
 600 and it's her fault that she's not ready'  
 601 R Umm  
 602 Gina Instead of being chivvied along like  
 603 Chris Umm  
 604 Gina [other people do now 'hey come on Kate' you  
 605 Fiona [umm yes yes yes  
 606 Gina know  
 607 Fiona You [have to  
 608 Gina ['aren't you washed?' you know. Of course you [do  
 609 Fiona [Yes you do it with all your children don't you really  
 610 [(-) to a certain extent  
 611 Gina [Yes you do  
 612 Evan [We do  
 613 Kim [Yes exactly (-) that is a really good example of erm choices  
 614 (-) rights and choices with Kate isn't it [because what was  
 615 Gina [Umm  
 616 Kim happening there and I know somebody who worked really  
 617 closely with Kate and I know and I know you won't mind  
 618 me saying Sheila was a lady who worked with her quite a lot  
 619 and was really good, and she used to say erm, people used to  
 620 say, 'where's Kate?' and she used to say 'no she's on Kate  
 621 time,' and we used to use to call it ['Kate time' because (-)  
 622 Gina [Yes she did, I know she did  
 623 Kim Kate has this (-) she doesn't see that other people are waiting  
 624 [she she's unaware of the fact that she's  
 625 Gina [nope  
 626 Kim holding everybody up, it's not and that's the bit. You know  
 627 she knows what the time is  
 628 Gina Yes  
 629 Kim and she knows that she's going in two hours or an hour or  
 630 [half an hour  
 631 Gina [But she doesn't know how long half an hour [is. She knows it's  
 632 Fiona [No  
 633 Alan [Umm  
 634 Kim [No erm and (-) and  
 635 she's unaware of [erm  
 636 Gina [Yes  
 637 Kim [holding people up and that sort of thing so people  
 638 Gina [big problem  
 639 Kim expect [her to  
 640 Chris [Well they go off in her own little worlds they don't  
 641 they forget don't they?  
 642 Ben [Definitely in her own little world, definitely  
 643 Chris [Stacey forgets from  
 644 Gina Umm  
 645 Alan Yeah  
 646 Chris Stacey's very capable but I couldn't let her erm (-) she'd  
 647 cook with me and do different things with me but if I let her  
 648 on her own (G Umm) two minutes later she'll be off  
 649 somewhere and I'd say 'oi, you s'posed to be doing, you're  
 650 s'posed to be doing so and so.' (G Umm) 'Oh right.' She'll  
 651 come back and every two minutes you keep saying, 'Stace  
 652 where are you?' 'Oh right,' huhuhu and then she come back  
 653 you know huh  
 654 Gina She forgets.  
 655 Chris Yeah she forgets.

The extract begins with a description of how Kate was required to find alternative transport to her day-centre. Gina locates this account within an exact timeframe ‘two or three years back,’ which adds factual significance to her account. Using reported speech to author the words of service-providers, she draws attention to their expectations of Kate, “‘we’re not going to have the others waiting for her and it’s her fault that she’s not ready.’” Instead of being chivvied along like other people do now.’ It would appear that responsibility for not being ready on time is attributed by the day-service to Kate (600). As seen in the previous extract, this corresponds with the notion of allowing Kate choice and freedom of action. However, Gina’s next utterance, ‘instead of being chivvied along,’ suggests that she disagrees with the way in which the service position Kate as responsible for time keeping. Instead, it would seem that she holds the service responsible for ensuring that her daughter is ready on time. This is expanded on with reported speech, illustrating the response that Gina’s would prefer to see from staff, ‘hey come on Kate,’ ‘aren’t you washed?’ This preference, is also evidenced by Gina’s responses following Fiona’s supportive comments (607 and 609), ‘of course you do,’ and ‘yes you do,’ and characterises guardianship and incompetence repertoires which are firmly inclined towards having staff guide her daughter. However, as seen above, this is at the cost of Kate’s freedom to do other chosen activities.

This point in Gina’s account (from line 605) is met with several agreements (Pomerantz, 1984a), which act as supportive interjections from other parents. For example, overlapping the reported speech, Fiona agrees three times with Gina and follows this with the claim, ‘you have to.’ As seen in the fourth extract, examining practicalities talk, this is another example of authoritarian parenting, where parents can be seen exerting their own will over their sons and daughters. Fiona follows this with an ‘all the same discourse,’ similar to that observed in the first study and in extract 36 examining increasing autonomy repertoires, where she notes, ‘Yes you do it with all your children don’t you really [(-) to a certain extent.’ The ‘don’t you really?’ is an interrogative tag (Pomerantz, 1984a) which invites further agreement or disagreement. Evan takes this up as an agreement on behalf of himself and his wife states, ‘we do,’ followed by Kim, who states, ‘yes exactly.’ Previously, it was suggested that ‘all the same’ talk functions to diminish the plight of individuals with learning disabilities by equating it with the experiences of non-disabled others. It was

also found to bolster arguments against having increased choice through special treatment. Here ‘all the same,’ talk functions to justify guardianship discourses and the taking of a macho parenting stance by convincingly typifying Fiona and Gina’s reaction as normal parenting. However, it is important to point out that Gina’s daughter Kate is not a child in need of disciplinary parenting but a forty one year old woman.

From line 613, Kim, a care manager who works closely with the parents and their sons and daughters, takes up and produces a more detailed account of the anecdote. She immediately draws on professional discourses of rights and choices, which have not been observed in parent talk as such, ‘that is a really good example of erm choices (-) rights and choices with Kate.’ As seen in the first section on increasing autonomy discourses and extract 40a these professional discourses perhaps construct the increase of choice and control as a service concern rather than a parental concern. What is noticeable is the way in which her contribution also points to the difficulties with allowing Kate to act independently, thereby constructing it as a problem not only for parents but also for a service that is supportive of increasing choice and control. Her interjection commences with the assumption that Gina would not have objections regarding her disclosure, ‘I know I know you won’t mind me saying’ (616-7). Several extreme case formulations are also drawn on, such as, ‘worked really closely with Kate,’ ‘worked with her quite a lot and was really good,’ which emphasises Sheila’s knowledge of Kate, increasing her integrity as a good support worker, and also the integrity of the service that she and Kim represent. This established credibility provides a solid base from which Kim then co-constructs a more comprehensive formulation of Kate’s difficulty with time management.

Using reported speech to author a conversation between Sheila and others within the service environment, Kim increases the factuality of her account. Here she reports how Kate’s unawareness of time was referred to as her being on ‘Kate time’ (620-21). This gives a sense of Kate functioning within a dimension which is detached from an ordinary standard. It also has similarities with Evan’s comment, ‘I see yeah so in a time warp,’ (extract 40a, 562-3) where he indicated his understanding of the consequences of Kate’s brain tumour. Similar constructions of individuals with learning disabilities have been noted across all three discussion groups. For example,

in her defence against being accused of holding her son back, Penny described how her son was, 'away with the fairies in the car let alone on a bus' (Group 3, 186-286). Similarly, Orlagh (group 3, 1362-3) suggested that individuals with learning disabilities were like 'a perpetual Peter Pan,' in support of another parent's claim that her daughter was like 'a three year old in an adult's body,' (Group 3, 1358-9). When describing the vulnerability of her son, Kiera argued that he was, 'in like a bubble' (Group 2 line 242). Similarly, when positioning him as too incompetent to have access to exotic literature she suggested, 'ee's very looks like ee's cocooned' (Group 2 line 1702). This collection of descriptive phrases seemed to be one of the ways in which parents positioned their sons or daughters as vulnerable and unable to take control of their lives. It also functioned to present a convincing image of individuals with learning disabilities as being detached from reality and living in a fantasy world.

Returning to the analysis of extract 40b, between lines 623-637 Kim attempts to elaborate her meaning of 'Kate time,' stating, 'Kate has this she doesn't see that other people are waiting. She she's unaware of the fact that she's holding everybody up.' This explanation, jointly produced with supportive comments from Gina, functions to designate Kate as accountable for holding people up. Gina's input of 'big problem' (638) also acts as an extreme case formulation magnifying the situation further. However, the use of the words, 'unaware,' in lines 624 and 635 and, 'she doesn't know,' (631) implies that this problem has arisen because of Kate's lack of awareness or comprehension. Additionally, Kim's utterance, 'holding people up and that sort of thing,' suggests that these problems are not limited to time awareness issues but can also be generalised to other situations. This, therefore, positions Kate as too incompetent to be in control of other aspects of her life. To account for this, Chris adds, 'Well they go off in her own little worlds they don't they forget don't they?' (640-1). This assessment finishes with an interrogative tag (Pomerantz, 1984a) 'don't they?' and is strongly affirmed with an upgrade from her husband: 'definitely in her own little world, definitely.' As described above, this is another descriptive phrase which constructs individuals with learning disabilities as operating on another dimension and therefore unable to have more control over their lives.

Within Chris's phrase a shift in pronoun is discernible from a general 'they,' which constructs individuals with learning disabilities as a homogenous group, to 'she.'

This enables Chris to initiate another anecdote which is made more convincing as it is specifically based on her personal experience with her daughter. Reported speech is used to author a conversation between herself and her daughter, again increasing the factuality of this anecdote which also highlights the problems associated with allowing independent action. Chris begins by describing her daughter as ‘very capable.’ This acts as a disclaimer (Hewitt and Stokes, 1975), allowing Chris to avoid any negative attributions that may be associated with her next claim, ‘I couldn’t let her...if I let her on her own (Gina Umm) two minutes later she’ll be off somewhere.’ Whilst the previous anecdote focused on the problem of being unaware of time, here it is co-constructed as a problem of attention, ‘she forgets,’ thus perpetuating the positioning of individuals with learning disabilities as mentally/cognitively incompetent. Therefore, as in extract 40a, we see here a continuation of parent accounts which problematise allowing their daughters freedom of action. These accounts are justified by constructing Kate and Stacey as detached from reality, being unaware of the consequences of their actions and lacking in attention.

Extract 40c leads directly from the previous extract, again with no breaks in discussion. Here another series of anecdotes are jointly produced. As mentioned above, these become increasingly negative and are finally followed by an explicit objection to giving choice to Kate and the expressed preference for guidance rather than choice.

#### 6.3.4.3 Extract 40c Group 1 Lines 664-700

|     |       |  |
|-----|-------|--|
| 664 | Gina  | Umm. (-) You know Kate would spend half an hour              |
| 665 |       | choosing a bracelet (-) to go with whatever colour she’s got |
| 666 |       | on. Honestly she will. And then                              |
| 667 | Kim   | Yes she does huhuhu  |
| 668 | Chris | then she’ll leave it behind hahaha                           |
| 669 | Gina  | You know [it’s   |
| 670 | Alan  | [you’ve often said cleaning her teeth is a long              |
| 671 |       | process  |
| 672 | Gina  | Yeah well that one I mean (-) bless her she’s now got        |
| 673 |       | dentures because she used to clean her teeth for fifteen     |
| 674 |       | minutes  |
| 675 | R     | Wow  |
| 676 | Gina  | and wear her brush out every week. Break them, they          |
| 677 |       | actually, if they were, I used to buy cheap ones because she |
| 678 |       | wore them out, then they snapped in half [so that you know.  |

679 Fiona [Yeah  
 680 Gina It's it's been a real problem with lack of understanding (R  
 681 Umm) erm and my my best thing that I hate most of all is  
 682 when she first went into permanent care and they said 'Kate  
 683 your hair needs washing,' and she didn't want to bother to  
 684 stop doing tapestry, her hair wasn't washed. (-) [You know  
 685 Fiona [Yes  
 686 Gina you don't give a choice like that to [to my daughter, you  
 687 Chris [no  
 688 Gina must say to her, 'come on Kate (F Umm)) hair wash after  
 689 "Coronation Street" or whatever. (R Umm) She won't stop  
 690 doing her tapestry to go and have a shower or a bath.  
 691 Evan Umm [same with Dave isn't it?  
 692 Gina [Because at home (-) it was all (-) [done by me  
 693 Chris [Yeah Yeah  
 694 R Umm  
 695 Fiona Yes you can you can give too much choice really I mean you  
 696 can go overboard for choice for [(them) really [can't you?  
 697 Gina [Yes you can  
 698 Alan [Umm  
 699 Fiona [You've got to guide them well  
 700 Gina [I feel very strongly about that

The extract begins with Gina issuing yet another anecdote, the fourth to be delivered within the space of approximately 100 lines of transcript. She describes how her daughter spends half an hour choosing a bracelet. Indeed it would appear that there are concerns that this utterance would be met with disbelief as Gina then continues with, 'Honestly she will' (666). This has the effect of casting her daughter's behaviour as extraordinary and extreme. The way she is interrupted by Kim's immediate confirmation also removes any doubts that she may be exaggerating. This is followed by Chris's comment, 'then she'll leave it behind' (668), which perhaps is related to her previous comment about her own daughter, 'she forgets.' This has the effect of constructing her own daughter as absent-minded, forgetful and incompetent. It also constructs the extensive process of choosing a bracelet as a waste of time. Following this, Alan interjects with, 'you've often said cleaning her teeth is a long process' (670-1), which initiates the co-construction of another anecdote. There is a sense that this story describes a well established problem between members of the group. Gina takes up Alan's lead, stating, 'yeah well that one,' as though this is just one of many similar anecdotes that could be drawn on to illustrate the point. She then elaborates on the teeth cleaning problem, again providing exact details such as, 'fifteen minutes' (673-4) and 'every week' (676), thus ensuring the authenticity of her account. This anecdote describes how Kate brushes her teeth so much that she not

only breaks her toothbrushes, she also has lost her teeth. Notice the way in which Gina introduces the anecdote by referring to Kate as, 'bless her.' This has the effect of excusing Kate's behaviour before Gina has even recounted the story, giving a sense of her compassion towards Kate and how she could not help what she was doing. Such a tale is again an extreme negative case, which Gina attributes to Kate's 'problem with a lack of understanding,' thus positioning her as incompetent and in need of supervision.

This extreme negative case seems to draw Gina to the climax of her account, shown by the way she states, 'and my my best thing that I hate most of all' (681). Additionally, the way in which she begins this utterance with 'and,' suggests that the anecdote just provided and the account she is about to construct are in some way related. What we see next is an account of an incident which occurred within a service domain. Using reported speech to author the words of care staff within the service, Gina illustrates how staff propose to Kate that her hair needs washing. Such a suggestion, based on professional staff discourses of rights and choices is met with explicit objection, 'you don't give a choice like that to to my daughter' (686). Again, as seen in the first section on increasing autonomy repertoires, there is a sense that giving choice in this context is a ridiculous idea. Next Gina, again using reported speech to illustrate her own words, demonstrates how she would make the same suggestion to her daughter, using more commanding terminology and therefore removing any opportunity for Kate to make up her own mind, 'Come on Kate hair wash after "Coronation Street."' As seen in extract 37 with Alan and in extract 40b with Fiona and Gina, this is another example of authoritarian parenting whereby parents are seen asserting their priorities over their son's and daughter's choices. Here it would seem that Gina's priority is for her daughter to wash. This can be seen by the sense of disapproval in her next utterance, 'she won't stop doing her tapestry to go and have a shower or a bath' (689-90). Indeed it would seem that this is an area that Gina had authority over in the home environment, where Kate was guided and offered limited opportunity for independent action, 'because at home (-) it was all (-) [done by me.]' This supports the discussion in the first section that repertoires of choice and control in parent talk are firmly situated within service realms and are not constructed as available within the home environment.

As this anecdote draws to a close, it is met with several agreements (Pomerantz, 1984) functioning as supportive comments from other parents (691 and 693). This culminates to a central conclusion based on the anecdotal evidence drawn from the extract (parts 40a-c) as a whole. Here, using extreme case formulations (Pomerantz, 1986) which diminish the strength of choice and control talk, we see Fiona suggest, 'you can give too much choice,' and 'you can go overboard for choice.' This assessment ends with an interrogative tag 'can't you?' (Pomerantz, 1984a) and is met with agreement from Gina, also emphasised with extreme case formulations, 'I feel very strongly about that.' Notice how choice is constructed as something which is 'given' to individuals with learning disabilities. This is similar to Dowson's (1997) suggestion that choice is something which is loaned to individuals with learning disabilities rather than facilitated. Despite this, choice is not wholly rejected but rather a call for moderate balance is made. Towards the end of the extract we see Fiona suggest an alternative to choice, 'you've got to guide them.' This is a much more formal conceptualisation of the light-hearted colloquialism used at the start of this discussion in extract 40a and 40b, where Gina argued that her daughter needed to be, 'chivvied along' (579 and 602). Perhaps it demonstrates the way in which parents' opposition towards increasing choices and control has gained momentum during the course of the discussion.

The final part of this extract is a continuation of the discussion above. A few lines have been omitted for clarity during which Fiona began to deliver an anecdote about her daughter Debbie. Whilst doing so she was interrupted by Gina. This is where we pick up the transcription again. Gina continues to support the conclusion made in Extract 40c and returns again to the problem of incompetence and the expectation of services that individuals with learning disabilities can manage the choices offered to them. This problem is then taken up in an anecdote by Evan, who continues to develop Fiona's suggestion (seen in extract 40c) of an alternative to give guided choice.

#### **6.3.4.4 Extract 40d Group 1 Lines 717-751**

|     |      |   |
|-----|------|---|
| 717 | Gina | [Yes (-) same with putting on clean clothes in the            |
| 718 |      | morning, I used to go in her bedroom and until she was thirty |
| 719 |      | four years old and take out her dirty clothes and you know.   |
| 720 |      | (-) To see her down at Marleigh like I did in dirty T-shirts  |



721 and sweatshirts used to make me so upset (.) and dirty hair,  
 722 all because she wanted to put that one back on again.  
 723 R [Umm (-) So what  
 724 Alan [That is a problem  
 725 Evan [Umm I think that's one of the things that you you were  
 726 saying, you need to give them more choice but erm [(-)  
 727 Diane [You  
 728 Evan [there's certain there's areas you can't give them more  
 729 Diane [can't do it  
 730 Evan choice [because they're they're  
 731 Gina [You can't  
 732 Fiona [Umm  
 733 Evan ha they're in a set routine and and you have you have to  
 734 make quite sure that that that they i they i they do the things  
 735 and if they don't (-) you erm  
 736 [you either the carer or the parent has to has to make them do  
 737 Chris [Then the carer  
 738 Evan it. [(.) you take Dave I mean erm, he would he would let me  
 739 Diane [Umm  
 740 Evan shave him erm shave him for the rest of his life but his  
 741 brother said it was about time he learnt to shave and he took  
 742 him away on holiday, taught him to shave and he's (-) he's  
 743 now just about manages to do it on his own, (-) with with a  
 744 little bit of help but but if he hadn't have moved away from  
 745 that you know he he wouldn't be doing any of these things  
 746 for himself so (-) you know. There's a certain amount of  
 747 having to (-) push them on a bit you know  
 748 R [Umm  
 749 Diane [But he's hopeless at choosing clothes isn't ee?  
 750 Evan He is that's right, I mean same old thing  
 751 Diane I think he'd wear the same clothes everyday.

At the start of this extract, Gina picks up the conversation from where she left off in extract 7c line 692, where she claimed, 'Because at home (-) it was all (-) [done by me.' Now she begins with, 'same with putting on clean clothes in the morning,' as though she is adding another example to a list of situations in which she would take care of her daughter. This makes the idea that her daughter is fully dependent on Gina at home seem natural and therefore reinforces the notion that staff expect too much from her in the service environment. Next she describes how she 'used to go in her bedroom and until she was thirty four years old and take out her dirty clothes' (718-9). It would seem that Kate's age is irrelevant here in allowing her to do as she pleases. Of significance is how Gina also does not orient to the possibility that she could have taught her daughter to sort through her own clothes, thereby increasing her independence. No excuse or justification is offered for Gina's own behaviour. Instead it is presented as natural and the right thing to do. Indeed, the main issue of concern, which can be seen particularly between lines 620-622 is whether or not Kate is clean. The importance of this priority is emphasised by its power to evoke such a

strong negative emotion from Gina, ‘used to make me so upset’ (721). By drawing on incompetence and guardianship repertoires, the problem of Kate being dirty perhaps because she was never taught to be responsible for her personal hygiene, is instead attributed to allowing her to do as she pleases, ‘all because she wanted to’ (722). This, therefore, positions her as too incompetent to manage her own personal hygiene, which leads to the production of another conclusion, made by Evan where he suggests, ‘you need to give them more choice but erm there’s certain there’s areas you can’t give them more choice because they’re they’re ha they’re in a set routine and and you have you have to make quite sure that that that they i they i they do the things’ (725-34). Such a statement represents what Wetherell and Potter (1992) called a concession/criticism disclaimer format and is similar to a practical/principle rhetorical device described under the subheading ‘mixed increasing autonomy and practicalities.’ However, whilst a practical/principle rhetorical device involves a speaker explicitly presenting a moral principle and then contradicting it with the presentation of practical difficulties, the concession/criticism disclaimer format involves the presentation of a moral principle which is then undercut by the presentation of another moral principle. Therefore, in this case we see Evan advancing a moral principle that, ‘you need to give them more choice.’ However, this is undermined by the presentation of another principle of making them do things for their own good, ‘you have you have to make quite sure that that that they i they i they do the things.’ As in chapter 4, what we see here is the puzzling out of an ideological dilemma (Billig et al, 1988). Family carers, like staff, also seem to have several agendas which are constructed as at odds with principles of increasing choices and control (see Jingree et al, 2006).

Notice how guardianship and incompetence repertoires are invoked in the assumption that, ‘they’re in a set routine.’ This implies that all individuals with learning disabilities are institutionalised, regimented and unable to deviate from the routine of their lives without the assistance of non-disabled others. Evan makes this clear with the statement, ‘if they don’t (-) you erm [you either the carer or the parent has to has to make them do it.’ The jointly constructed nature of this statement is also observable in the way that we see Diane interrupting Evan after he states, ‘you need to give them more choice but erm,’ to add, ‘you can’t do it.’ Further on, following Evan’s claim that, ‘there’s areas you can’t give them more choice,’ we see Gina

interjecting with, 'you can't.' These interjections upgrade (Pomerantz, 1984a) Evans assessments that 'there are certain areas you can't give them more choice' to a more definitive 'you can't do it.' This adds collaborative corroboration to Evan's claim, making it resistant to challenge. Of significance is also the use of the phrases, 'make them do it,' and later on in the anecdote, 'push them on,' (747). Previously in extract 40c, I highlighted how Fiona's call for offering choice in moderation and guiding individuals with learning disabilities was a change in tone to the light-hearted prompting or chivvying that was suggested by Gina in extracts 40a and 40b. Here we see another change. Whilst previously the notion of increasing choice was not rejected, now the idea of choice is completely cast off in favour of making decisions on the individual's behalf or indeed by, 'push(ing) them on a bit,' (747) therefore imposing other agendas onto them.

Following this claim, Evan initiates another example based on his personal experience with his son, 'you take Dave.' Again, an extreme negative case is built up in the way in which he states, 'he would let me shave him for the rest of his life' (738-40), which reinforces an image of Dave as being 'set in a routine,' and 'lazy.' Guardianship and incompetence discourses are also drawn on when he says, 'if he hadn't have moved away from that you know he he wouldn't be doing any of these things for himself' (744-6), constructing Dave as unmotivated in doing things for himself. Therefore, though this anecdote is a story about facilitating autonomy through the teaching of certain skills, its mobilisation positions Dave as institutionalised and unmotivated, and consequently as at least partly accountable for the problems associated with increasing their choices. Therefore, though Evan and Diane could be blamed for not having taught Dave to shave before, this account does not orient to their accountability as parents at all. After all, if Dave's brother had not taught him to shave 'he would let me shave him for the rest of his life.' The account also functions as another justification of the claim that too much can be expected of people with learning disabilities. At the end of the extract, another extreme negative case is co-constructed between Diane and Evan between lines 749-75. Here, using an extreme case formulation (Pomerantz, 1986), Dave is described as, 'hopeless at choosing clothes' (line 749). This justifies why he needs to be made or pushed to do things. It also again enables parents to manage blame by functioning as a reminder that despite being taught to shave, Dave is still, 'hopeless.' Again, the issue of

hygiene comes to the surface, whereby Dave's preference to 'wear the same clothes everyday' is problematised and not constructed as his choice but as a manifestation of his incompetence or hopelessness.

Throughout this extract we have seen the advancement of several anecdotes which have functioned as extreme negative cases and that have fortified the notion that individuals with learning disabilities cannot lead their lives independently. All of these accounts have been based on each parent's personal experience with their sons or daughters, and have been produced through collaboration and consensus. Guardianship and incompetence repertoires have been mobilised on several occasions, constructing individuals with learning disabilities as unmotivated to do things for themselves, unable to manage time, incapable of focusing attention or remaining attentive and too incompetent to manage their personal hygiene. This has served to justify the claim that within service environments, where policies may be in place to respect individual choice, too much may be expected of individuals with learning disabilities. Indeed, these anecdotes illustrate how allowing individuals with learning disabilities to have more choice and control may lead to a negative outcome. What is more, drawing on this anecdotal evidence base, we have seen incremental shifts in how parental control is expressed. What started as a helpful 'chivvy,' altered to a more formal 'guiding,' before finally concluding on a more disempowering and intrusive intervention that individuals with learning disabilities needed to be made or pushed to do things.

### **6.3.5 Inclusion Policies as Obstacles to Choice**

As mentioned in Chapter 2 under the section about Government Policy, four key principles were put forward in 'Valuing People' (Department of Health, 2001) to overcome some of the problems faced by people with learning disabilities. One of these principles was about inclusion whereby the Government discussed increasing the social inclusion, of individuals with learning disabilities by enabling them to be fully involved with the local community. There were several ways in which they hoped this could be achieved (e.g. moving away from the provision of residential care and introducing supported living, moving away from segregated learning disability services such as day-centres and facilitating individuals into employment, implementing person-centred planning to ensure services could be tailored and

individual needs could be met). These policies have resulted in many changes to service structure and delivery and these changes are the focus of the group discussions in this section.

During the three group discussions, I asked parents to talk about areas in which they felt their sons and daughters lacked choice and control. I also asked them to provide examples of any experiences they had about increasing the autonomy of their sons and daughters. Parents often drew on extreme negative cases to explain why their sons and daughters should not have choice and control in certain areas. This, however, may have produced ideological dilemmas in talk (Billig et al, 1988), perhaps positioning parents as accountable for this lack of choice and control. For example, Allan was seen stating, ‘forget the choices on that (-) she has to do as [she’s told’ in extract 37, whilst Gina stated, ‘you don’t give a choice like that to [to my daughter’ in extract 40c. This section of the analysis examines how parents may have attended to such dilemmas by allocating blame and responsibility onto the changes made to services as a consequence of implementing policies of inclusion. Therefore, family carers invoked repertoires of choice (which constructed them as supporting their offspring’s preferences) to argue about policies of increasing choices and control through inclusion. Thus, by constructing these policies of inclusion as an obstacle to their sons/daughters/siblings preferences, family carers were also able to maintain a positive identity of ensuring that their offspring’s preferences were met. Extract 41 follows on from a discussion where the parents of group one have been producing anecdotes to illustrate how their sons and daughters do not understand the different choices available to them. Here, another example is co-constructed between Evan and Diane about their son Dave. However, not only is Dave’s lack of choice explained by his incompetence, it is also attributed to inadequate service provision.

#### **6.3.5.1 Extract 41 Group 1 Lines 923-947**

|     |       |  |
|-----|-------|--|
| 923 | Evan  | he asked him, ‘where would you like to live?’ And and  |
| 924 |       | straight away he said erm, ‘I want to go to Sparrows,  |
| 925 |       | Sparrows Crescent.’ And that’s because he’s been going |
| 926 |       | there for ten [years.                                  |
| 927 | Diane | [Umm   |
| 928 | Gina  | [Umm   |
| 929 | R     | Umm  |
| 930 | Chris | Yeah [(words)  |
| 931 | Evan  | [As it happens now, he can’t go there because there    |
| 932 |       | aren’t the places there for him                        |

933 Gina [Umm  
 934 Chris [Yeah  
 935 Evan so so is it's nonsense you got ee ee has his choice, but the  
 936 choice is not available to [him.  
 937 Diane [But then he doesn't know his  
 938 choices  
 939 Evan No  
 940 Diane the only place he [knows is Sparrows Grange  
 941 Evan [Knows is Sparrows Grange, that's what I  
 942 mean  
 943 Diane he doesn't know [anywhere else and and  
 944 Fiona [Yes (-) that's really  
 945 Evan [so it's a locked in situation  
 946 Diane [It's very difficult isn't it?  
 947 Evan Yeah

The extract begins with Evan describing how an advocate came to visit their son Dave. Using reported speech which increases the convincingness of his account, Evan authors a conversation between the advocate and his son. He describes how the advocate asks Dave where he would like to live. Dave's response is described as being produced, 'straight away,' as though it is an automatic response produced without hesitation. Evan explains this as 'because he's been going there for ten years' (925-6). This is similar to what was observed in extract 40d, where Evan described individuals with learning disabilities as 'in a set routine,' to justify why choice could not be given in certain areas. Between lines 931-936 Evan describes how Dave's choice is not available as there are no places left. Using an extreme case formulation, he therefore describes Dave's choice as 'nonsense.' Therefore, even though Dave has made a choice, it is unavailable which means that his preference cannot be met. A lack of places is constructed as the reason for this denial of choice, whereby Evan constructs the policies to increase choice and control as a direct obstacle to his son's choice. However, another obstacle to Dave's choice can be seen in Evan's description of 'nonsense,' which is a reference to the extent to which he considers his son's decision to be based on sound choice. It is constructed as simply a routinised decision based on what he knows. This is taken up by Diane (937-943) who in overlapping speech elaborates on this point, stating, 'he doesn't know his choices.' She also states, 'the only place he [knows is Sparrows Grange.' This implies that since Dave has no awareness of other accommodation, he is unable to make a choice. This claim is almost simultaneously made by Evan. What is also noticeable is the way in which as seen in extract 40d, Evan and Diane do not hold themselves accountable for not showing Dave other places to live or giving him more

informed choices. Instead, the problem is attributed to Dave's lack of knowledge. Towards the end of the extract, Evan concludes, 'It's very difficult isn't it?' which constructs the situation as a vicious cycle. Therefore a sense of there being no solution is given, whereby the lack of residential places at Sparrows Grange and Dave's incompetence are both held as accountable for the lack of choice. This is a situation which is out of the parent's hands. Dave's choice is unavailable and he is too much 'in a set routine,' (Extract 40d, 733) to make an alternative decision.

The following extract has been taken from the beginning of the third group conversation. Each parent has been asked to provide a brief introduction of themselves and a description of their son or daughter. Here Penny has just introduced herself. Now she proceeds to describe her son. However, rather than moving on to the next parent as would usually be the convention, we see her continue to describe her concerns regarding one of the policies to increase choices and control for people with learning disabilities which includes the fragmentation of day-services. During this extract we see her blaming the fragmentation of learning disability services for her son's discontent and lack of choice. This also allows her to defend against an accusation of being too over-protective.

### 6.3.5.2 Extract 42 Group 3 Lines 186-272

|     |       |   |
|-----|-------|---|
| 186 | Penny | (.) like most Downs he's he's not                                 |
| 187 |       | very able but he likes structure and he gets very very            |
| 188 |       | frustrated because now with the day services fragmenting (-)      |
| 189 |       | you never quite sure what is in plan for the next day or          |
| 190 |       | whether the key worker is going to turn up or whether and         |
| 191 |       | that with were having a lot of problems with at home              |
| 192 |       | because he doesn't like the uncertainty of not because we tell    |
| 193 |       | him, 'oh farm tomorrow,' so he gets his boots ready and he        |
| 194 |       | gets everything ready and of course off he goes and then if       |
| 195 |       | they suddenly which they often do here say 'oh whoever            |
| 196 |       | Pete isn't in today so,' they move you round here, he'll come     |
| 197 |       | home, first thing he says as he comes in the door, (screws up     |
| 198 |       | face and lowers pitch of voice) 'No farm.' And of course he       |
| 199 |       | thinks it's us you see and (L Umm Umm) it's not                   |
| 200 |       | challenging but he certainly voices his opinion in any way he     |
| 201 |       | can erm (-). I'm very very concerned about this change that       |
| 202 |       | they're proposing (L Umm). I'm obviously with other               |
| 203 |       | parents going to fight it because (-) I think that they talk very |
| 204 |       | glibly about all our sons and daughters getting employment        |
| 205 |       | (L Umm)   |
| 206 | Rob   | Yeah  |
| 207 | Penny | be it one day a week in the charity like one (Word) but (-)       |

(few lines omitted for clarity)

217 Penny but I am told that the opportunities I was actually told at a  
 218 meeting this week that (-) they feel, who they are, the powers  
 219 that be that a lot of our youngsters are held back. Now, I as I  
 220 am wont to do said, 'lets lets get real, (.) we don't hold our  
 221 sons and daughters back. I know that my son can't go out  
 222 the front door, he's got no road sense, he can't travel on a  
 223 bus.' I'd love him to but I know (O Umm) he's just away  
 224 with the fairies in the car let alone on a bus. (L Umm) And I  
 225 also know that he has got to an age where he is looking at  
 226 young ladies (-) and wants to kiss them so because I'm  
 227 always with him, 'no Marcus no,' and but you know you  
 228 think (-) if he was well he couldn't go out into the  
 229 community on his on, but (-) that's something that we do as  
 230 carers (-) and it's not the same. My husband sometimes has  
 231 a go, I'm not OVER protective (-). I like to see he has the  
 232 right diet and has the right packed lunch but I do find  
 233 because of lack of staff for caring is much much less now (-)  
 234 and (-) socially they send us, 'Oh great big institutions,'  
 235 that's what they keep telling me. They they used to love it  
 236 here  
 237 Orlagh Umm  
 238 Lill Yes  
 239 Penny and they used to do little jobs downstairs  
 240 Queen Yes  
 241 Lill Umm  
 242 Penny put nails in a box and that  
 243 Queen when they did the industrial work here  
 244 Penny Aaaww  
 245 Orlagh It was fantastic [wasn't it?  
 246 Penny [All those big rooms were used  
 247 Queen Yes that's right  
 248 Penny They loved it. It was rubbish to say they were being  
 249 [(-) segregated  
 250 Queen [And they brought home a little pay packet as a result  
 251 Orlagh [Umm they don't now do they?  
 252 Penny [You know some of them to say don't  
 253 Queen [And our people  
 254 (door opens-P-thank you Stuart)  
 255 Queen Huhuhuhu  
 256 Penny and I just find that they're all suddenly being put in this box  
 257 (-) and if I hear the word personalization at a meeting once  
 258 more and evidently this means they're going to have this  
 259 person-centred planning  
 260 Rob Oohh nooo  
 261 Penny you can have all the planning in the world uummm you can  
 262 say to my Marcus tonight, 'what do you want to do  
 263 tomorrow?' He doesn't even answer because he will just say  
 264 Stroad tomorrow because he knows he goes to Stroad on a  
 265 Friday. But because suddenly he used to go line dancing,  
 266 can't do that because they he now needs a one-to-one with  
 267 him and ain't got the staff so now suddenly he's waking up  
 268 on a Thursday and Friday when he's supposed to be access  
 269 and going, 'no no not well.' Well I know he is and I go, 'Oh  
 270 nice try, get dressed,' and he does but he's voicing a small in  
 271 only way he can dislike for what they're doing and it is  
 272 because they're doing nothing.



The extract commences with Penny categorising her son as being, ‘like most Downs,’ which has the effect of naturalising constructions of him as ‘not very able.’ The way in which she claims, ‘but he likes structure,’ (187) implies that his capacity and performance are perhaps enhanced by having structure, which again is made natural by being categorised as ‘like most Downs.’ This construction of individuals with learning disabilities as requiring routine, structure and being unable to adapt to changes has previously been described above in extracts 39, 40 and 41, to justify claims such as ‘holidays are difficult,’ and ‘there’s areas you can’t give more choice.’ Here it is used to set the stage for how the fragmentation of day-services would be counter to her son’s preference and choice to have continued routinised access to his day-service. Using extreme case formulations which heighten the problems, Penny describes her son’s reaction to the changes as, ‘he gets very very frustrated,’ (187-8). She also uses a three part list (189-91) (Jefferson, 1990) to name two effects of these changes, ‘you never quite sure what is in plan for the next day or whether the key worker is going to turn up or whether and that.’ The third part is left sufficiently vague, suggesting that there are many other negative effects which could be named here. This list constructs the changes as being disruptive and unsettling; the opposite to the institutional structure that her son is used to, which is also seen in how she claims, ‘he doesn’t like the uncertainty’ (192). Using reported speech, Penny illustrates a typical scenario of how her son would be expecting to go to the farm as he is accustomed to doing. This she describes as ‘often’ (195) and ‘suddenly’ changing,’ (195) thus emphasising the disruptiveness of the changes. Her son’s disappointment at this is made obvious by again using reported speech to illustrate his immediate negative utterance on return home (198). Though his reaction is described as, ‘not challenging,’ there is a sense that he is very upset or saddened by the changes, ‘it’s not challenging but he certainly voices his opinion in any way he can’ (199-201). Of significance is the way in which a repertoire of choice in his expressed preference is used to argue against the service changes to promote choice.

Between lines 201-217 Penny positions herself as concerned about the changes. Later in the discussion (319-320, not shown) the fragmentation of services is acknowledged to be as a result of proposals in ‘Valuing People.’ Within the field of learning disabilities, “Valuing People” is commonly constructed as an important document advocating the increase of choices and control of people with learning

disabilities. Therefore, it could be argued that these changes are part of the process of improving the future of service-users. Nonetheless, here Penny constructs these changes as being contrary to her son's wishes. Therefore, her son's choice is in conflict with service policies to increase choices for service-users. This problematising of policies to increase autonomy has similarly been reported in the first section examining increasing autonomy discourses. Notice, however, how she uses her opposition to these changes to position herself as supporting her son's preference to have the continued routine and structure provided by his day-service. It would seem that Penny is aware that these changes are associated with increasing the inclusion of people with learning disabilities (204). Consequently, her objections could be read as countering these wider organisational efforts. To avoid this she works to diminish the efficacy of notions to increase access to employment with her description of, 'glibly,' in, 'they talk very glibly about all our sons and daughters getting employment,' (203-4) as though not enough consideration has gone into holding such ideals. She also refers to holders of such notions as, 'they,' which constructs them as a distinctly different group to the parents. As seen previously in the first section of this analysis, it could be that by 'they,' Penny is referring to service domains. Indeed, Penny then goes on to define 'they' as, 'they feel, who they are, the powers that be,' (218-9) therefore positioning services as more in charge of the future of individuals with learning disabilities than parents. This, therefore, firmly casts notions of inclusion outside of the more realistically constructed home domain.

Between lines 217-234 Penny continues to uphold her argument against the fragmentation of services by constructing herself as living in the real world and taking up a defensive stance. This is in response to an accusation from 'they,' that she and other parents hold their youngsters back. She begins by describing 'they,' as, 'they feel, who they are, the powers that be.' Though she constructs 'they' as an authority, there is a sense of scorn and sarcasm intended to belittle their opinion here. This can be seen in the distinct lack of credentials attributed to 'they' as a power, 'who they are, the powers that be.' In contrast, Penny boosts her credentials as a parent who is in possession of intimate knowledge about her son. Using reported speech to author her own response to them she states, 'let's get real,' (220) which reaffirms her positioning of living in the real world. She then proceeds to make her case. Using categories such as 'sons,' and 'daughters,' (221) Penny demonstrates that

she and other parents are more likely to have personal in-depth knowledge of their offspring's needs, wishes and capabilities. This is also emphasised by how she says, 'I know,' (221) before describing things her son cannot do. Next, using phrases such as, 'my son can't go out the front door, he's got no road sense, he can't travel on a bus,' (221-3) she proceeds to construct her son as incompetent, thus illustrating that it is not she that holds him back but his impairments. Using a disclaimer (Hewitt and Stokes, 1975) to emphasise how her son is limited in ability despite her wishes for otherwise, she states, 'I'd love him to but I know (O Umm) he's just away with the fairies in the car let alone on a bus' (223-4). As noted previously in extract 40b, where Kim described how Kate was on, 'Kate time,' such descriptive phrases were often mobilized across all three discussion groups as a way of constructing individuals with learning disabilities as operating on other dimensions, below an acceptable and conventional standard. Here, by evoking a sense that Marcus is beyond help, unreachable in fairyland, Penny adds to her case that it is not she that holds him back.

Penny then constructs her defense differently by naturalizing her actions as a mother and carer and drawing on ways in which she does not hold him back. She begins by describing how her son has come to an age where he wants to (perhaps inappropriately) kiss ladies (226). Using reported speech, she illustrates how she intervenes, 'no Marcus no,' (227) and naturalises this action as one of her responsibilities by positioning herself as a carer, 'that's something that we do as carers' (229-30). This positioning seems to give Penny certain rights, for example, as protector, which she distinguishes from being simply over-protective, 'it's not the same.' Indeed, next, she attends to an accusation from her husband of being, 'overprotective' (231). This she excuses by taking on a motherly position, normalizing her level of control by naming a few typical motherly activities, 'I like to see he has the right diet and has the right packed lunch' (231-2).

Following this defensive account which functions to ensure that Penny is not held accountable for the lack of choice and control in her son's life, she returns to her original argument that the fragmentation of services are counter to the interests and preferences of service-users (232-272). This, therefore, is constructed as one of the reasons why her son's choices are limited. Again referring to, 'they,' (234 and 235),

Penny describes how other authorities ‘keep telling’ her that ‘oh great big institutions.’ Though this is unclear, she is presumably explaining that other authoritative speakers such as service-providers have attempted to convince her in the past that institutions reduce the choice and control of individuals with learning disabilities or that they are negative in some unspecified way. This can be discerned from how Penny then takes up a defensive stance by counter-claiming ‘They used to love it here’ (235-6). What proceeds next is a co-construction between several of the mothers which draws on a romantic/nostalgic style repertoire, using phrases such as, ‘they used to do little jobs,’ (239), ‘it was fantastic wasn’t it?’ (245), ‘All those big rooms were used up’ (246), and they ‘brought home a little pay packet,’ (250) to construct a positive picture of institutionalisation which evokes an image of productivity. However, it is also noticeable that certain patronising terminology is used, such as, ‘little jobs,’ (239) and ‘little pay packets,’ (250) which simultaneously devalue the contribution of individuals with learning disabilities. Nonetheless, constructing the institutional past in this way again reinforces Penny’s argument that ‘they’ are in fact the ones removing choices and control from service-users by discontinuing a much loved service.

Towards the latter part of the extract, Penny states, ‘I just find that they’re all suddenly being put in this box’ (256). Ordinarily, such a phrase would be used to support policies of individualisation which have perhaps contributed to changes in service structure such as the closure of ‘great big institutions.’ However, here, it is used to express strong objection to individualisation policies such as personalisation and person-centred-planning (See glossary in appendix 6). In a final move to allocate blame, Penny returns to her argument that her son’s choice to have his familiar schedule is not satisfied because of changes to his routine. Using an extreme case formulation to emphasise the futility of efforts to offer Marcus choices (261) (‘you can have all the planning in the world’), she again constructs him as unable to deviate from routine, ‘he will just say Stroad tomorrow because he knows he goes to Stroad on a Friday’ (263-4). This again emphasises the importance of a continued stable routine as it is his choice. The extent of Marcus’s discontent (at having his choice to have his familiar routine disrupted) can be seen in reported speech as, ‘no no not well’ (269). Notice also how Penny refers to her son as, ‘my Marcus,’ here (262), which constructs her relationship with him as personal and knowledgeable.

Therefore, in response to his claims of being unwell, she is able to state, ‘well, I know he is,’ and to interpret his feigned illness as a dislike for having his preferred activities discontinued, ‘he’s voicing a small in only way he can dislike for what they’re doing and it is because they’re doing nothing.’ Therefore, it would seem that her son’s choices contradict the service’s general policies to increase choices and control for service-users, which involve suspending activities that he enjoys, therefore, leaving him with nothing to do.

In the two extracts above, we observed Evan and Diane describing how their son’s choice to stay at Sparrows Crescent could not be facilitated. Similarly, Penny described how her son Marcus was upset by the changes in his routine and regular schedule. These parents were seen attributing the cause of these problems to recent restrictions in service provision and new changes in service structure. It could be argued that these changes and restrictions to learning disability services are the result of the implementation of certain policies to increase the choices and control of service-users. For example, family carers are being encouraged to help their sons/daughters find supported living accommodation whilst residential services are either converted or closed down. Similarly, large institutional day-services are being suspended in preference for services within the community. Therefore, constructing these changes and restrictions to services as a problem may present certain dilemmas in talk in that parents may be seen as making ‘unpopular’ arguments against such policies to support their concerns. This was similarly seen in the first section whereby parents negotiated this dilemma by constructing policies to increase choice and control as irresponsible and zany. In the example presented here, parents negotiated this dilemma by positioning themselves as attending to their offspring’s wishes, therefore enabling them to maintain a positive identity. This was achieved by re-allocating responsibility for the lack of choice and control to other factors such as insufficient service provision, constructing the implementation of new policies and ideas as misguided and constructing their sons as incompetent, unaware of the choices available and unable to cope with change. Parents also invoked repertoires about their sons/daughters choice to make arguments against policies of choice.

#### **6.3.6 Solving Dilemmas**

In the first study I suggested that when facilitating choices of service-users, staff actions may be influenced by pre-conceived notions of what these choices should be. Therefore, service-users may be persuaded into making certain decisions over others. Staff negotiated their responsibility of facilitating clients' independence by describing presenting them with negative consequences to the decisions they wished to make. They also described managing client independence by educating them by presenting service-users with information and explaining things to them regarding their decision so that they were able to make an 'informed choice.' These descriptions of guiding choice were used to attend to certain dilemmas in talk, whereby, on the one hand staff were committed to goals of increasing the autonomy of service-users, whilst, on the other hand they were duty bound to attend to other institutional concerns such as health and safety.

In the present study, dilemmas of giving choice to sons and daughters with learning disabilities were not reported. Indeed, when talking about increasing the choice and control of individuals with learning disabilities, parents were often seen using increasing autonomy discourses to problematise policies of increasing choice and control and situating choice and control talk as a professional discourse, located within service domains. Moreover, when discussing situations in which choices may have been requested, parents were seen taking up an authoritarian parenting positioning, thus asserting authority over their sons or daughters and deciding whether certain choices were permissible. Under the section about guardianship and incompetence repertoires, we saw how parents preferred that their sons/daughters should be chivvied or guided along rather than being offered choices and control. However, this recommendation was upgraded to pushing them in extract 40d. The following extract was the only case across all three discussions in which parents talked about how they attended to the dilemma of providing choice when this conflicted with what they felt would be a more suitable decision, based on their own personal agendas. Lill has just been describing how her son is very capable. However, constructing an extreme negative case she claims that, 'he'd have a nervous breakdown,' (line 1308) if he were given the choice of deciding between a red shirt and a blue shirt. This is how the discussion continues:

#### **6.3.6.1 Extract 43 Group 3 Lines 1318-1353**

1318      Orlagh                                      [But you can manipulate them [can't

1319 Lill [Yes  
 1320 Oragh it's how you ask the question [you (story it) and  
 1321 Lill [you (words) yes  
 1322 Oragh you get a different answer  
 1323 Nora Absolutely yes yes  
 1324 Lill As a parent you do manipulate your child (O Umm), you  
 1325 don't you know you say  
 1326 Queen well you could say, particularly when they live at home with  
 1327 you, you couldn't live your life (.)  
 1328 Lill if you didn't change [(word)  
 1329 Queen [(Yes you did) Yeah.  
 1330 Nora [No no  
 1331 Lill I mean you might say, 'yes,' I mean you know I wan't to do  
 1332 I want to go there so, 'yeah that's a good idea,' and you you  
 1333 sort of, it's like dealing with men isn't it [you make them  
 1334 Oragh [hahaha  
 1335 Penny [hahaha  
 1336 Lill think it's their [ide(h)a haha huhuhu huhuhu  
 1337 Oragh [huhuhu  
 1338 Moira [huhuhu  
 1339 Lill Do you know what I mean? [Huhuu huhuhu  
 1340 Queen [huhuhu (yeah this is what I do)  
 1341 I mean when they live at home [with  
 1342 Lill [Sorry  
 1343 Queen you (.) and you've got to go shopping, you'd have to say to  
 1344 them, 'we're going shopping today,' even though Jo or Bob  
 1345 or whoever didn't particularly [want to go  
 1346 Lill [want to go yeah. You say,  
 1347 'well you can do it,' and then you make it and their idea  
 1348 they're they're going buy something nice or whatever (.) and  
 1349 re you know it's it's all as you say manipulation (O Umm). I  
 1350 mean that's what it's all about isn't it. (O Umm)

In the extract above, several of the mothers co-construct an account of how they 'manipulate,' their sons and daughters to overcome the difficulty of providing choice when there may be pre-conceived notions of what the choice should be. Oragh begins by stating, 'But you can manipulate them [can't?]' Though she does not finish, it can be seen that this has been issued as a question which finishes with an interrogative tag (Pomerantz, 1984a), seeking verification from the other parents. Indeed it is met with verification from Lill, 'Yes,' thus adding collaborative consensus to the account. Oragh continues by elaborating on how the manipulation takes place, 'it's how you ask the question [you (story it) and you get a different answer.' This is met with upgraded agreement (Pomerantz, 1984a) from Nora, 'absolutely yes yes,' and followed by Lill, who drawing on the category of parents, constructs manipulation as common parental behaviour, 'as a parent you do manipulate your child.' Therefore, though 'manipulation,' could be argued to be contrary to increasing choices and control, adopting a parent position functions to naturalise and typify it as an ordinary parental action. Queenie extends on the notion

of ‘manipulation’ as a parenting technique by stating, ‘particularly when they live at home with you.’ This firmly locates discourses of ‘manipulation’ or guidance within the home environment, which contrasts with how (as seen before) discourses of choice and control are located within service environments.

Following this, Lill uses reported speech to illustrate a hypothetical situation which demonstrates manipulation in action. She compares this to ‘dealing with men,’ which functions in a similar manner as ‘all the same’ talk (described for example in extract 3), to suggest that within familial domains, individuals with learning disabilities are treated as no different to husbands or other male partners, who are conceivably agents of higher or equal status. This utterance represents a common form of banter between women and places Lill in a position of power, entitling her to speak of manipulating ‘men’ and offspring in this way. It also elicits much laughter from the room which counteracts any negativity associated with talk about manipulation. Indeed, her subsequent question, ‘do you know what I mean?’ seeks solidarity from other female parents in the room. Following this, Queenie again returns to situating ‘manipulation’ within the home environment, ‘when they live at home [with you.]’ She, like Lill (1331-1332) uses reported speech to illustrate how manipulation may take place. This is similar to Orlagh’s description at the start of the extract (1320 and 1322). Lill follows suit between lines 1346-1347 and extends on it by also suggesting that manipulation could include a form of enticement, ‘they’re going buy something nice or whatever.’ Using extreme case formulations, she then states, ‘it’s it’s all as you say manipulation.’ This implies that all manners of speaking to individuals with learning disabilities involve some form of manipulation, therefore constructing it as common behaviour. It also assigns these constructions of manipulation to other speakers within the room, exonerating Lill from being associated to such a contentious topic. Finally, drawing on another extreme case formulation, Lill ends with the utterance, ‘that’s what it’s all about,’ suggesting that all interactions regarding increasing the choice of individuals with learning disabilities involve some form of manipulation.

### **6.3.7 A Note about Identities**

Throughout this analysis we have seen speakers ascribe a range of identities, not only to themselves as parents but also to their sons and daughters with learning disabilities.



One of the common features of this analysis (which was examined in detail in the first section about increasing autonomy discourses) was how parents talked about policies to increase the choices and control of their sons and daughters. Parents rarely spoke positively about such policies. However, to make negative arguments would be to put forward a potentially contentious case, which may have received an unwelcome reception. Parents, therefore, worked to justify their arguments and defend their claims by constructing individuals with learning disabilities such as their sons and daughters as incompetent. This was seen for example in how Diane and Evan constructed their son as unable to cope in an emergency if he were allowed the freedom that came with supported living. Similarly, Moira described how a young man with Downs became ‘desperately’ lost after he was left to his own devices by his parents. These constructions of individuals with learning disabilities allowed parents to describe policies to increase choices and control as fanciful and irresponsible, whilst positioning themselves as concerned and realistic parents. Constructions of individuals with learning disabilities as incompetent and incapable were also used by parents to argue that their sons and daughters were unaware of the choices available to them. Such an argument was again used as a means for ridiculing new policies to increase choices and control and was also invoked by some parents (Diane and Evan) to avoid being blamed for not increasing the awareness of their offspring to the choices available to them in the first place. Diane, for example described her son as ‘hopeless,’ which constructed him as unable to learn and therefore exonerated her and Evan of any blame for not increasing his independence by teaching him certain skills.

Another common feature which was often observed in the analysis was the use of extreme negative or irrational cases. These were usually produced within anecdotes and were seen particularly in the section about guardianship and incompetence discourses. These extreme negative cases often constructed people with learning disabilities as unmotivated and too incompetent to be allowed freedom of will. Parents also ascribed inconvenient, unmanageable and lazy identities to their sons/daughters, whilst they constructed themselves as parents who were struggling to cope under pressure. Such identities were also seen in practicalities talk, whereby parents mobilized practicalities discourses to argue that even if they wanted to give choice, there were too many practical obstacles (such as their offspring’s laziness or lack of motivation) which prevented them from doing so. Occasionally within

guardianship and incompetence discourses and practicalities talk discourses, parents were also seen positioning themselves as authoritarian parents, whereby their priorities were exerted over their sons/daughters (more inconvenient) choices as a means of getting things done. These positions were often co-constructed between family carers or elicited much support from others in the group. In this way, parents justified their actions of taking on a 'macho parenting' stance by ascribing themselves identities as efficient parents, managing their sons/daughters routines under extremely adverse conditions.

Parents also justified their arguments against policies to increase the choices and control of individuals with learning disabilities by constructing their sons/daughters as institutionalized, regimented and unable to deal with change or to deviate from routine. When talking about increasing choices over holidays, these constructions functioned to justify claims that, 'holidays are difficult.' They also operated to problematise policies such as the fragmentation of day-services, which arguably are in place to empower service-users. For example, when constructing her son as in need of structure and a familiar schedule, Penny talked about how policies to disperse day-service facilities (and therefore to empower service-users in general by increasing their participation and involvement in the community) were at odds with her son's own choice to have the continued stability and routine of his day-service-activities. In this way she was able to position herself as supporting her son's preference to argue against policies to increase choices and control.

A final observation was that parents often constructed their sons/daughters as being detached and living in a fantasy world, as though 'cocooned.' For example, Penny described her son Marcus as being 'away with the fairies,' whilst Orlagh described individuals with learning disabilities as 'perpetual Peter Pan.' Such identities functioned to construct individuals with learning disabilities as unreachable or beyond help in terms of increasing their choices and control. Indeed, Penny's claim that her son is 'away with the fairies,' functioned to support her argument that it was not she that held him back but his incompetence as an individual with learning disabilities. It also allowed her to then make an argument against the person-centered planning policy, stating that, 'you can have all the planning in the world uummm you can say to my Marcus tonight, 'what do you want to do tomorrow?' He doesn't even answer.'

Such constructions of individuals with learning disabilities enabled speakers to position themselves as concerned parents, responsible for their sons/daughters needs and to simultaneously defend against accusations of being over-protective or controlling.

#### **6.4 Discussion**

In the analysis above, focus group discussions between family carers about increasing the independence, choices and control of adults with learning disabilities were examined. This analysis answered the following questions:

- Which interpretative repertoires are invoked when family carers talk about increasing the choices and control of their son/daughter/sibling?
- How do family carers construct their son's/daughter's/sibling's identities when talking about increasing choices and control?
- How do family carers negotiate their own identities and support worker/professional identities when talking about increasing the choices and control of their son/daughter/sibling?

In answering these questions, the analysis focused on how speakers constructed their accounts about facilitating the choices and control of the people they cared for. The analysis also examined how parents constructed accounts about the new Government and service policies to empower service-users with learning disabilities. Particular attention was paid to the subject positions made available to speakers, the identities ascribed to people with learning disabilities and also to the services and service-professionals involved in their care.

There has been increasing focus on family care (Bowey and McGlaughlin, 2007), with many individuals living with family members such as parents within the community. This presented a need to examine how accounts about increasing independence, choices, control and community participation are constructed by family carers. Indeed, in chapter 4 which examined staff talk, the influence of parents on the choices and control of service-users with learning disabilities was constructed by one interviewee as an obstacle (though this can be seen in this staff's interview

data, it has not been presented in the analysis in chapter 4). What is more, service-users in chapter 5 also occasionally spoke of their parents as limiting their independence (see also Bowey et al, 2005 and Goodley, 2000). For example, in extract 23, it was suggested that Izzy held more confidence at being treated as an adult by service-workers than by her mother. In extract 24, Freddie described how his in-laws had persuaded his wife to get a divorce. This, therefore, called for an examination of how family carers construct *their* accounts about increasing choices and control of their son/daughter/sibling. This analysis is divided into six sections examining family carer accounts about facilitating the choices and control of their son/daughter/ sibling with learning disabilities. These sections are, increasing autonomy, practicalities, mixed increasing autonomy and practicalities, guardianship and incompetence repertoires, inclusion policies as obstacles to choice, and solving dilemmas.

The section focussing on increasing autonomy interpretative repertoires allowed family carers to construct facilitating the choices and control of their son/daughter in a very different manner to the accounts seen in staff talk and service-user talk. In chapter 4, increasing autonomy repertoires were advanced by staff as a moral philosophy of equal treatment, to argue that increasing choices and control should be the guiding principle of staff conduct. These repertoires were similarly drawn on by service-users to resist staff power by again appealing to moral philosophies of equal and fair treatment. They were also drawn on to construct accounts about having a good quality of life, choices and control, as a way of managing contentious subjects. In this case, however, parents drew on ‘increasing autonomy’ repertoires in different ways. This highlights the way in which discourses may be flexibly advanced in talk to perform different social actions (Wetherell and Potter, 1992). For example, one parent (in extract 36a and 36b of chapter 6) also invoked ‘increasing autonomy’ repertoires as a moral philosophy of equality. However, unlike the previous studies, where it was used to justify arguments to increase choices and control, in this case it was drawn on to defend a claim that the right to having more choices and control should be earned by making contributions to society like the rest of the population.

Family carers also drew on these repertoires to construct policies of increasing independence, choices and control as a worrying, mutual concern to all parents.

Indeed, this allowed parents to construct increasing choices and control as a faddish, unconsidered, new professional trend, which if implemented could have potentially disastrous effects. Through these accounts, family carers were seen constructing health professionals and service-workers as irresponsible and unrealistic, whilst positioning themselves as contrastingly rational with reasonable expectations of their son's/daughter's limited capabilities. As described in the discussion in chapter 4 (section 7.2) above, one of the ways in which such persuasive accounts were achieved was by constructing examples of increasing choices and control as 'extreme negative cases.' This was also seen throughout the present analysis and will be discussed in more detail in the section about guardianship and incompetence repertoires below. What is more, in the analysis in chapter 4, staff constructed the increase of service-user independence, choices and control as a right which should not be infringed on. Indeed, staff were careful to present themselves as facilitators of choice at all times, even when this posed conflicts with their other agendas (see e.g. 'conformity and normalisation' in chapter 4). In this case, however, it was particularly noticeable that even when parents made suggestions which infringed on their son's/daughter's rights and choices, this was not oriented to as a problem at all.

Therefore, 'practicalities' repertoires alone were frequently and un-problematically observed across the entire data set. As seen in the analysis of chapter 4, 'individual pathology' repertoires and 'context' repertoires (Wilcox et al, 2006) were drawn on in practicalities talk to convincingly attribute practical obstacles of increasing choices and control to internal factors within individuals with learning disabilities or to external, environmental factors. This allowed family carers to position themselves as struggling to get things done under pressure. One of the ways in which they supported this subject positioning was by again presenting 'extreme negative cases' which constructed individuals with learning disabilities as difficult, inconvenient and lazy. This construction allowed parents to justify positioning themselves as authoritarian parents as a means of managing pressured situations. Arguably, such a subject position is not compatible with increasing the choices and control of individuals with learning disabilities. Indeed, of significance was the way in which the facilitation of the choices and control of these individuals was never recognised as more important than the other agendas (such as the flawless running of Alan's morning routine in extract 37) of these parents.

Mixed increasing autonomy and practicalities repertoires have been observed to demonstrate the negotiation of ideological dilemmas (Billig et al, 1988) in talk. They also allow speakers (for example the staff in chapter 4) to present themselves positively when putting forward potentially contentious arguments against increasing the choices and control of service-users with learning disabilities. Additionally, they suggest the negotiation and management of incompatible agendas and the commitment of staff to continue to uphold the rights of people with learning disabilities. Within the family carer context, however, these repertoires were only observed on one occasion across the entire data-set. Here, through a practice/principle rhetorical device, 'practicalities' repertoires were simultaneously invoked to undermine utterances promoting increasing choices and control. This practice/principle rhetorical device also enabled parents to offer increasing choices and control in the form of bounded empowerment. However, whilst in chapter 4 (section 4.3 and 4.4), bounded empowerment was suggested to be a way in which staff negotiated their conflicting agendas of promoting choice whilst attending to other agendas such as health and safety concerns, in this case choice was offered as a form of bounded empowerment, as long as it was bounded by what was considered to be practical to facilitate. This form of bounded empowerment was offered in a context whereby a speaker (Evan) was again constructing the individual he cared for (Dave) as disruptive and unmanageable whilst on holiday. Under the section examining practicalities talk, we saw how such constructions of individuals with learning disabilities as difficult and unmanageable justified parents positioning themselves as 'authoritarian parents.' In this case these constructions positioned parents as struggling to get things done under pressure which, therefore, justified arguments for a bounded empowerment in which considerations about the 'ease' of facilitating choices and control were put forward as a priority. In other words, choice could be given as long as it was easy and convenient to do so. It would seem, therefore, that whilst staff orient to the need to increase the choices of service-users as a priority, even if it conflicts with their other care agendas, parents do not orient to increasing choices and control as a concern or a necessity at all. Indeed, when they did, this was only seen once through a mixed increasing autonomy and practicalities repertoire, which, as discussed in chapter 4 could in certain contexts be more disempowering than invoking a practicalities repertoire alone.

In chapter 5, I described how guardianship and incompetence repertoires were invoked in different ways by service-users with learning disabilities when constructing their accounts about having choices and control over their lives. It was suggested that one of the ways in which these repertoires was invoked, whereby speakers described being positioned by others within such repertoires, was particularly disempowering. In this present analysis, family carers also frequently advanced these repertoires to construct accounts about increasing the choices and control of their son/daughter/sibling. However, in this case, the *only* way in which these repertoires were advanced was comparable to the disempowering ‘positioned by others within guardianship and incompetence’ repertoires observed in service-user talk. Within these repertoires, family carers explicitly constructed their son/daughter/sibling as too incompetent or vulnerable to cope with having more independence. Indeed, this concern has similarly been noted by Bowey and McGlaughlin (2005) who reported that parents were concerned about whether or not their son or daughter could cope with the responsibility of making their own decisions.

Though guardianship and incompetence repertoires were observed frequently in parent talk, only one example (extracts 40a-d) has been presented in the analysis in chapter 6, whereby parents presented a series of anecdotes which constructed their sons and daughters as incompetent in various situations. The anecdotes in this extract functioned to support their arguments that when increasing opportunities for independence, too much can be expected of individuals with learning disabilities, with damaging consequences. What is more, many of these anecdotes were constructed as extreme negative cases, which allowed parents to persuasively bolster their claim that ‘too much can be expected’ from their sons and daughters. Gina for example described how her daughter now wears dentures because she used to brush her teeth for fifteen minutes and break a toothbrush every week (extract 40c, 673-6), Evan described how his son would let him shave him for the rest of his life (extract 40d, 738-740), whilst Diane claimed that her son would wear the same clothes everyday (extract 40d, 751).

Of particular significance is the way that each of these extreme negative cases were produced as the negative consequences of allowing individuals with learning disabilities to choose to do as they pleased. However, there are several points to raise here. Firstly, there were opportunities during the discussion (for example, when Evan described that his son would let him shave him for the rest of his life), where parents could have oriented to the possibility that they could have taught their son/daughter certain skills, which would have reduced their dependence on carer support and prepared them for having more independence. However, parents never positioned themselves as accountable for the negative consequences they described. Indeed, instead they offered constructions of individuals with learning disabilities as vulnerable and incompetent and augmented these by also constructing them as in their own worlds and detached from reality (Chris-‘they go off in her own little worlds,’ extract 40b 640). Secondly, parents also never oriented to the possibility that these choices were choices that had been made by their son/daughter. For example, Diane’s concern that her son would wear the same clothes everyday failed to consider that this could be because it was his choice to do so rather than because he was too ‘hopeless’ to select clean clothes. Finally, these extreme negative cases seemed to construct the increasing of independence as a lack of any support whatsoever, rather than the provision of support that could facilitate more independent lives. This anxiety that increasing the independence of individuals with learning disabilities would involve a complete removal of support has similarly been noted by Bowey et al (2005). Indeed, Walmsley (1999) warned that services may be reticent in taking any form of proactive role in supporting their clients as this may conflict with interpretations of the principles of normalization as not allocating any special treatment to individuals with learning disabilities. This has resulted in inadequate service provision within the community and a continued lack of choice and control for people with learning disabilities. She argued that in order for people with learning disabilities to lead ordinary lives within the community they require more than ordinary support to ensure that they achieve the maximum level of control and independence to lead their own lives.

Another feature of guardianship and incompetence repertoires was that family carers were again seen constructing the idea of increasing choices and control as a ‘new,’ ‘professional,’ idea. The claim that ‘too much can be expected’ of individuals with



learning disabilities was firmly located as a professional/service-worker misunderstanding, which positioned parents as having reasonable expectations of their son's/daughter's abilities, whilst constructing the idea of having more choice within services (for example, choosing when to wash one's hair) as a ridiculous and irresponsible idea. Parents were also observed positioning themselves as 'authoritarian parents,' as a means of imposing their own agendas (such as hygiene) onto their son or daughter. As described above, such positioning is not conducive to the idea of empowering individuals with learning disabilities. However, parents justified this positioning through co-constructing accounts by drawing on 'all the same' repertoires (e.g. Fiona suggested that you would treat all your children in the same way-whether they had a learning disability or not, extract 40b, 609-10). These 'all the same' repertoires were frequently seen in staff talk within 'increasing autonomy' repertoires and 'practicalities' repertoires. In this case however, rather than using categorisations (Edwards, 1991) and contrast structures (Hutchby and Wooffitt, 1998; Speer, 2002) to construct individuals with learning disabilities in certain ways, these devices were invoked in talk to construct all parenting as the same. In this way, parents justified taking up a 'macho/authoritarian' parenting stance by typifying it as normal parental behaviour. An 'all the same' repertoire was also mobilised within mixed increasing autonomy and practicalities repertoires. There, it allowed the speaker to soften a claim that individuals with learning disabilities cannot adapt. Such a claim, as will be discussed presently, was particularly observed under the following section: inclusion policies as an obstacle to choice.

The section about inclusion policies as obstacles to choice focused on how family carers presented arguments against certain changes to service structure and provision which had been set in motion as part of the implementation of policies to increase inclusion, choices and control. Arguably, such changes would increase opportunities for community participation, enabling individuals with learning disabilities to gain choice and control over their lives. However, by drawing on constructions of individuals with learning disabilities as routinised, institutionalised and in need of familiar structure and routine, parents positioned themselves as supporting their sons/daughters choice for continued, familiar activities and routines. In this way, they attended to any negative attributions associated with making arguments against these changes to services. Another way in which parents attended to these negative

attributions was by constructing service changes to increase choices and control as unconsidered and imprudent professional ideas. Therefore, as seen in the section about increasing autonomy, such changes were firmly located as a reckless notion within the professional domain, whilst parents contrastingly positioned themselves as living in the real world, with experienced understandings of their son's/daughter's needs and preferences for routine and structure. In accordance with constructions of individuals with learning disabilities as routinised and institutionalised, parents often described how their son/daughter could not deviate from familiar choice options. However, of significance was the way in which as seen under the section about guardianship and incompetence, parents again did not hold themselves accountable for this. Rather than orienting to the possibility that they could have broadened their son's/daughter's knowledge of the options available, they instead drew on constructions of individuals with learning disabilities as incompetent and unable to adapt to changes to justify their arguments against changes to service structure and provision.

In chapter 4, 'solving dilemmas' was a dominant feature in staff talk, whereby support-workers frequently oriented to ways in which they could manage their conflicting agendas. It was argued that staff had certain pre-conceived ideas about what service-user choices should be made. However, when constructing their accounts about increasing choices and control, staff were careful to suggest solutions which did not infringe on service-user rights. Indeed, they were often seen simultaneously promoting freedom of choice, which allowed them to position themselves positively as facilitators of choice. In the present analysis, however, family carers very rarely spoke about increasing the choices and control of their son or daughter as a dilemma or a conflict with their other agendas. This is perhaps represented by the scant invocation of 'mixed' repertoires to manage such dilemmas. Indeed, unlike in staff talk, the increase of choices and control was never constructed as a moral obligation or a duty. Instead it was constructed as a reckless and unconsidered professional idea. It is, perhaps, for this reason that parents offered only one account about offering choice when they had certain pre-conceived ideas about what this choice should be. This account was co-constructed between a group of mothers (extract 43) to present 'manipulation' as a way in which any conflict in agenda was negotiated. There is no doubt that 'manipulation' offers no room for the

respect of an individual's choices. However, this clear disregard for the choices and control of individuals with learning disabilities was again not oriented to as a problem. Instead, speakers positioned themselves as parents to normalise 'manipulation' as typical parental activity. It would seem, therefore, that by adopting subject positions as parents, speakers are afforded certain rights that puts them in charge of their son's/daughter's independence and choices. What is more, independence and choice are unlikely to be facilitated if parents continue to relegate these policies to 'other,' 'professional' domains as a 'bad' idea. Given the moves to encourage care within the family, this could be a deeply disempowering situation for individuals with learning disabilities.

In the next chapter, the analysis presented here will be discussed further in light of the previous two studies presented in this thesis. This chapter will also consider how these studies have contributed to our understanding of empowering people with learning disabilities and identify areas for future study. It is to this chapter that we now turn to.

## **Chapter 7**

### **Discussion**

#### **7.1 Introduction**

The aim of this thesis was to examine poly-vocal accounts about facilitating the choices and control of individuals with learning disabilities. This chapter begins with a reminder of the research questions addressed in the empirical chapters (chapters 4-6). Following this, sections 7.2-7.4 briefly summarises the main discussion points made in each of the discussions in the individual studies. In sections 7.5-7.6, these findings are considered in terms of what they have added to our understanding of discourse and empowering people with learning disabilities. Section 7.7 considers some of the methodological limitations of the studies whilst section 7.8 examines future areas of research. Finally, section 7.9 identifies ways in which we could adapt our practice to be more empowering for people with learning disabilities.

Discourses of empowerment are dominant in Government and service policy and learning disabilities literature. Despite this, individuals with learning disabilities continue to lack choices and control over their lives. Moving away from traditional, positivist research this thesis provides a discourse analytic examination (see chapter 3 for a detailed discussion of the discursive methods) of how accounts about increasing the choices and control of individuals with learning disabilities are constructed. Focussing firstly on the problem identified by Government papers (Department of Health, 2001; 2005; 2009) that individuals with learning disabilities are disempowered by the services that support them, the first empirical study (presented in chapter 4) examined staff talk about increasing the choices and control of service-users with learning disabilities. The following questions were addressed in this analysis:

- Which interpretative repertoires are drawn on by support workers when talking about empowering service-users with learning disabilities and increasing their choices and control?
- How do these interpretative repertoires allow speakers to negotiate between

several conflicting agendas? In answering this question, particular attention was paid to how speakers resolve ideological dilemmas (Billig et al, 1988) through the interpretative repertoires they draw on and the subject positions these repertoires make available.

- How is the learning disabled identity constructed by support workers when talking about increasing the choices and control of service-users?
- How do support workers position themselves when talking about empowering the service-users that they support?

Because this is a thesis about increasing the autonomy of individuals with learning disabilities, it became obvious following the analysis in chapter 4 that the best way to proceed would be to examine how service-users construct accounts about having independence in their lives in their own terms. Therefore, the analysis in chapter 5 sought to address the following questions:

- Which interpretative repertoires are drawn on by service-users with learning disabilities when constructing their experience of having choices and control over their lives?
- What functions are performed in talk by drawing on these interpretative repertoires?
- What identities are made available to service-users when invoking these interpretative repertoires?
- How do speakers orient to the implications of these identities, for example, when constituting a learning disabled identity?

The participants involved in the studies presented in chapter 4 and 5 both identified family carers as an obstacle to choice. With many individuals with learning disabilities living at home with family carers such as parents, it seemed pertinent to examine how these carers construct accounts about increasing the choices and control of their son/daughter/sibling. The analysis in chapter 6 therefore addressed the following questions:

- Which interpretative repertoires are invoked when talking about increasing the

choices and control of their son/daughter?

- How do parents construct their son's/daughter's identities when talking about increasing choices and control?
- How do parents negotiate their own identities and support worker/professional identities when talking about increasing the choices and control of their son and daughter?

In the following three sections (sections 7.2-7.4), the findings of each empirical chapter shall be briefly discussed in relation to these questions. However, for a more detailed discussion, please see the discussion sections in chapter 4, 5 and 6.

## **7.2 “You can’t do it...it’s theory rather than practice”: An examination of staff talk about empowering people with learning disabilities.**

The analysis examining staff accounts about increasing the choices and control of service-users with learning disabilities was divided into six sections. These were increasing autonomy, practicalities, mixed increasing autonomy and practicalities, imperfect past-perfect present, conformity and normalisation, and solving dilemmas.

The sections about increasing autonomy repertoires and practicalities talk were found to be particularly dominant repertoires in staff talk. Indeed, the increasing autonomy repertoire was also frequently observed as a contradictory resource in many of the other sections of the analysis such as when invoking conformity and normalisation talk or solving dilemmas. It also provided dilemmatic and contradictory argumentative resources when combined with practicalities talk, allowing speakers to argue more persuasively against giving choices and control. Increasing autonomy repertoires centred on repertoires about freedom of choice and individual action. With this talk staff constructed themselves as ‘new/good staff,’ positioning themselves as enlightened individuals and facilitators of client choice. These repertoires acted as the guiding principle of staff conduct whereby giving choices was upheld as the priority. It was presented as natural, obvious and taken for granted and strong opposition was expressed at its potential infringement.

Practicalities talk was also frequently advanced by all speakers across all interviews. This functioned to justify why choices and control could not be increased for some residents. Practicalities were often described as an unalterable reality that had to be worked around. For example, in extracts two and three interviewees constructed practicalities using an individual pathology style repertoire (Wilcox et al, 2006) whereby internal factors within service-users were identified (e.g. diminished cognitive abilities, lack of verbal skills) and used as justifications for why attempts to increase client choices were unsuccessful. Speakers also identified social/environmental barriers to increasing service-user choices, perhaps drawing on what Wilcox et al (2006) described as 'context' discourses. Both environmental obstacles and internal obstacles were used by speakers to manage accountability and justify why increasing choices were sometimes unsuccessful.

Staff also frequently drew on mixed increasing autonomy and practicalities repertoires which constructed increasing the choices and control of service-users as an ideological dilemma. Therefore, through a practice/principle rhetorical device (Wetherell et al, 1987; Wetherell and Potter, 1992) speakers simultaneously and flexibly expressed the principle of increasing autonomy, then simultaneously identified practical obstacles which rendered the principle unworkable. Speakers also used concession/criticism disclaimer formats (Wetherell and Potter, 1992) whereby talk of one moral value (e.g. increasing choices and control) was used to undermine talk of another incompatible one (e.g. providing good quality care). Both of these devices demonstrated the puzzling out of an ideological dilemma. Speakers also flexibly advanced this mixed discourse to construct risk as either a feature of self-determination and personal growth which forms part of an ordinary independent life or as a practicality against increasing choices and control. Extreme negative cases were also often constructed both within this mixed discourse and also within the practicalities repertoire to function as a strong justification for why service-user choice and control could not be increased. On one occasion, a strong positive case was constructed within the increasing autonomy repertoire to argue for the principle of increasing service-user autonomy.

In the section about imperfect past-perfect present, speakers constructed accounts about progression which allowed them to convincingly present the disempowerment

of individuals with learning disabilities as part of the discontinued past. This served to close the door on past injustices whilst constructing the present situation as unquestionably more positive. Additionally, this talk allowed staff to construct other regimented and limiting staff as ‘old/bad staff,’ whilst contrastingly positioning themselves as ‘good/new staff,’ who are engaged in the positive changes to empower service-users. Such subject positions were similarly invoked in increasing autonomy repertoires.

Speakers also invoked contradictory discursive resources in the section about conformity and normalisation, whereby they dilemmatically advanced both conformity and normalisation repertoires and increasing autonomy repertoires. These presented staff agendas to increase service-user choice, control and independence and to encourage socially acceptable/normative behaviour as an ideological dilemma. Speakers managed this dilemma in talk by using rhetorical devices such as disclaimers, show concessions and contrast structures to construct themselves as committed to principles of autonomy whilst simultaneously invoking conformity and normalisation repertoires which undermined service-user expressions of free choice. A form of ‘bounded empowerment’ was presented as a way of managing these conflicting agendas. This bounded empowerment was similarly described in other extracts to manage dilemmas such as allowing choice and encouraging healthy eating.

Within solving dilemmas talk, speakers constructed different solutions to increasing service-user choice and control. These solutions were contingent on speakers positioning themselves positively. For example, one solution was to ‘present negative consequences’ to service-users. This allowed staff to position themselves as committed to increasing choice and control whilst presenting service-users with negative consequences that were strongly designed to discourage them from making certain decisions. Another solution involved the offering of informed choice by presenting service-users with information which guided them towards making certain decisions that staff approved of. This offering of ‘informed choice’ was simultaneously constructed as enhancing the self-determination of service-users by increasing their knowledge of acceptable choice. ‘Informed choice’ has similarly been described by van Hooren et al (2001) as the offering of choice through a ‘deliberative model’ (see chapter 4 for a more detailed description). In this way



speakers were again able to position themselves as educators and facilitators of choice. However, this solution also resembled a form of persuading service-users to make decisions which accorded with what staff perceived to be the 'right' choice. Therefore, despite these solutions affording speakers liberal subject positions as facilitators of choice, free and impartial choice was rarely offered. Staff were careful to present themselves as committed to their responsibility of increasing the choices and control of service-users. Certainly, within these accounts every effort was made to ensure that the preferences of service-users were also considered. However, this compromised choice does not resemble the concepts of choice, autonomy and empowerment described in chapter 2. Indeed, as Dowson (1997) argued, this level of empowerment would not satisfy the expectations of ordinary citizens. Though the choices and decisions of ordinary citizens may be constrained by factors such as the influence of their friends, family and colleagues, the constraints to choice is experienced more widely for individuals with learning disabilities. Indeed, as Simpson (1999) notes, 'people with learning difficulties must demonstrate their competence prior to being granted autonomy. This is a direct inversion of the principle of social intervention which holds for the rest of us' (p. 154). This raises the question of to what extent would staff be willing to lay aside their other agendas in favour of increasing the choices and control of service-users.

### **7.3 'I'm quite head strong': A discourse analysis of service-user talk about having choices and control**

Following Government and service policy incorporating the principles of 'inclusion' and 'participation,' the analysis in chapter 5 aimed to examine how service-users with learning disabilities constructed accounts about having independence, choice and control in their own terms. This analysis included an examination of how service-users constructed their own identities in accounts and how they oriented to the implications of these identities. This analysis was divided into three sections: guardianship and incompetence, resisting staff power, and the explicit expression of choice, control and other institutional values. Guardianship and incompetence repertoires primarily focussed on how service-users invoked guardianship and incompetence interpretative repertoires to construct accounts of having choice and control over their lives. Scior (2003) described a guardianship discourse as constructing people with learning disabilities as vulnerable and in need of protection.

Such constructions remain central to service-policy philosophies of providing good quality care which ensures the support and protection of service-users. This section also examined incompetence discourses which positioned speakers with learning disabilities as incompetent, unable to make decisions for themselves and unable to take responsibility for their decisions. This discourse functioned as a justification for limiting service-user choice and control. However, speakers occasionally resisted being positioned within both discourses by advancing increasing autonomy repertoires. Speakers also sometimes flexibly invoked these discourses to perform constructive work such as managing blame and accountability, shifting responsibility, explaining and justifying having limited choice and control and managing contentious issues. However, as will be described below, the utility of these discourses was double edged. When describing being positioned by others within these discourses, speakers were positioned as incapable and incompetent with disempowering consequences.

The section about guardianship and incompetence was divided into three further sub-sections: positioning oneself within guardianship and incompetence repertoires, positioned by others in guardianship and incompetence repertoires and positioning others within guardianship and incompetence repertoires. When invoking guardianship and incompetence discourses in their accounts of having choice and control, speakers often positioned themselves within such discourses. As described above, these repertoires were drawn on flexibly and constructively and performed certain rhetorical functions such as bolstering a claim about being bullied. However, this also had the simultaneous effect of constructing service-users as vulnerable, in need of protection and incapable of making decisions for themselves.

Service-users also described being positioned by others within guardianship and incompetence discourses. This was the focus of the sub-section positioned by others in guardianship and incompetence repertoires. As in the previous sub-section, such positioning had the effect of constructing service-users with learning disabilities as unable to make or be responsible for their own decisions. However, speakers also invoked such positioning as a means of managing accountability (e.g. for a marriage breakdown-see extract 31 in chapter 5), protecting their competent identity and protecting against certain characteristics historically associated with being labelled

‘learning disabled’ such as having a questionable moral character (see e.g. Bogdan and Taylor, 1994 and Rapley, 2004).

The sub-section, ‘positioning others within guardianship and incompetence repertoires,’ focused on how one speaker (Freddie) positioned other service-users with learning disabilities within guardianship and incompetence discourses when constructing accounts about his choice and control. By positioning other learning disabled individuals as vulnerable and incompetent, Freddie was able to demonstrate that in contrast to other service-users, he was able to have more choice and control. His invocation of guardianship and incompetence discourses to position other service-users as vulnerable and in need of protection was also used as a means of managing accountability for having his internet access disconnected. What is more, it allowed Freddie to attribute his lack of freedom to the vulnerability of other service users. Therefore, the limitations on Freddie’s choices and control were attributed to staff concerns about putting other service-users at risk. However, when distinguishing himself from other service-users and positioning them within guardianship and incompetence discourses, Freddie did not explicitly deny being labelled learning disabled (see Edgerton, 1993 for a comprehensive ethnography of how individuals with learning disabilities often pass or deny their ‘identity’ as learning disabled and Rapley, 2004 for a critique of this ethnography). Instead, he differentiated himself from an identity which was associated with not being able to speak his own mind or think for himself (see Finlay and Lyons, 2005). Therefore, distancing devices were used which enabled Freddie to instead position himself as wanting ownership over his life.

The section about resisting staff power focused on how speakers with learning disabilities worked up constructions of themselves as resisting staff power in their accounts of having more choice and control. Speakers drew on increasing autonomy style repertoires to make appeals for being treated equally and to resist having their preferences restricted (for example, Freddie drew on this repertoire to resist the homophobic reactions of staff). Within this talk, increasing autonomy style repertoires were also advanced to position speakers as ‘knowing their own mind’ which allowed them to resist subject positions of not being able to care for themselves. This use of increasing autonomy repertoires is consistent with conceptual

definitions of autonomy and empowerment as presented in chapter 2 where it is described as a means of curtailing oppression and being free from the influence of others. It is also similar to how staff drew on such talk to champion increasing the rights and choices of people with learning disabilities. Such resistance to staff or family carer power has similarly been described by Souza (with Ramcharan, 1997) in her narrative about fighting for her rights as an individual with Downs Syndrome. Goodley (2000) has also examined accounts from Souza and other self advocates about resisting the disempowering actions of others. Similarly, Rapley (2004) has reported how individuals with learning disabilities construct themselves as competent (e.g. as ‘knowing their own mind’) to resist disempowering interactions with service staff.

In the section examining ‘explicit expressions of choice, control and other institutional values’, service-users often oriented to what Rapley (2004) called ‘doing having a good quality life’ when constructing accounts about their choices and control. This functioned to neutralise any negative outcome associated with expressing discontent. One of the ways in which service-users “did” ‘having a good quality life’ was by affirming service philosophies such as keeping one’s room tidy and not arguing in the house. This simultaneously functioned as a way in which speakers avoided engaging in contentious topics. By ‘doing having a good quality life’ in their accounts about having choices and control, speakers positioned themselves as competent and constructed themselves as able to sensitively manage trouble in talk.

Therefore, by drawing on these interpretative repertoires when constructing accounts about having choices and control over their lives, service-users negotiated several identities which included resisting a negative learning disabled identity and managing a competent identity. This is consistent with Wetherell and Potter’s (1992) discussion about the multireferential nature of discourses and how they may be invoked at different times to perform different activities in talk. Therefore, in this case, though Scior’s (2003) definition of the disempowering nature of guardianship discourses was adopted here, it was frequently observed that these discourses were advanced to perform other, more constructive work. This variable invocation of discourses was similarly seen in the study about parent talk which we turn to now in the next section.

#### **7.4 “Now the professionals think that’s great”: an examination of parent talk about increasing the choices and control of individuals with learning disabilities.**

With increasing focus on family care (Bowey and McGlaughlin, 2007) and many individuals living with family members such as parents within the community, there was a need to examine how accounts about increasing independence, choices, control and community participation are constructed by family carers (see chapter 6). Indeed, the influence of parents on the choices and control of service-users with learning disabilities was sometimes constructed as an obstacle in both previous studies presented in chapter 4 and 5 (see also Goodley, 2000). This, therefore, called for an examination of how family carers construct their accounts about increasing the choices and control of their son/daughter/sibling. It was found that family carers consistently drew on five interpretative repertoires when constructing their accounts about increasing the choices and control of adults with learning disabilities. These were increasing autonomy talk, practicalities, guardianship and incompetence, inclusion policies as obstacles to choice and solving dilemmas. All of these interpretative repertoires except for inclusion policies as obstacles to choice were identified in the earlier studies of this thesis. However, as will be seen in the discussion that follows, many of these were invoked to construct accounts about increasing choices and control differently and to perform different functions in talk. Another interpretative repertoire which was observed in this study was a mixed increasing autonomy and practicalities talk. This talk has also been frequently observed in chapter 4. However, in the present case, it was only invoked on one occasion across the entire data-set.

In the first study examining staff talk, increasing autonomy repertoires afforded speakers the subject position of liberal advocates of choice. This repertoire was advanced as an irrefutable moral justification and the guiding principal to staff conduct. Indeed, staff expressed discomfort at its potential infringement. However, in the present study, increasing autonomy repertoires performed different functions in family carer talk. In this case, these repertoires were advanced to construct the increasing of choices and control as an unconsidered, new professional trend which

was firmly located in the service/professional domain. Such constructions also justified arguments that increasing the choices and control of adults with learning disabilities could have potentially disastrous consequences. By ascribing vulnerable identities to individuals with learning disabilities and constructing service-professionals as irresponsible, speakers were afforded subject positions as rational parents. This enabled them to justify arguments that the increase of choices and control was faddish and reckless.

In staff talk, practicalities repertoires were more frequently and dilemmatically mixed with increasing autonomy repertoires. In this case, however, practicalities repertoires alone were abundant across the entire data-set. These repertoires drew on 'individual pathology' repertoires and 'context' repertoires (Wilcox et al, 2006) to construct practical obstacles to increasing choices and control in a manner similar to that seen in staff talk. Therefore, obstacles attributed to internal, physical impairments or environmental obstacles such as having a rigid morning schedule were presented as practical reasons why speakers could not increase the independence of the individuals they supported. However, parents were also seen constructing the individuals they support as, for example, difficult, disruptive and inconvenient. This increased the convincingness of parent's arguments that they faced many obstacles when increasing the choices and control of their family members. It also afforded them the subject position of authoritarian parents, which was justified by accounts of them struggling to get things done under pressure. Many of the parents contributed to these accounts, particularly in extract 38, whereby the idea of one couple's son gaining employment was co-constructed as a mutual concern.

Mixed increasing autonomy and practicalities repertoires were the most frequently and dilemmatically invoked discourses in staff talk. In study 3, however, these mixed repertoires were only observed on one occasion (see chapter 6, extract 39). Nonetheless, as in chapter 4, the speaker first advanced 'increasing autonomy' repertoires to explicitly champion the increase of choices and control and then drew on a practice/principle rhetorical device which simultaneously invoked practicalities repertoires to undermine utterances promoting choices and control. This practicalities talk was clearly brought in because other members of the group did not agree with the increasing autonomy repertoire when invited to. When invoking practicalities

repertoires, the speaker and his wife co-constructed their learning disabled son as in need of structure and routine. This construction was used as a justification for the argument that increasing choices and control would disrupt their son's preference for familiarity. This construction of learning disabled individuals as routinised, institutionalised and regimented was often observed in parent talk and will be discussed in more detail under the section about inclusion policies as obstacles to choice. This couple also constructed their son as unmanageable and disruptive. As described earlier, this again afforded subject positions of parents coping under pressure and constructed the idea of increasing choices and control as a difficult challenge.

In chapter 5, guardianship and incompetence repertoires were invoked in three different ways by service-users when constructing accounts about having independence, choices and control. Often, the advance of these repertoires had useful outcomes, enabling speakers to, for example, manage blame and accountability and negotiate competent speaker identities. Occasionally, however, these repertoires had disempowering effects, particularly when individuals with learning disabilities were positioned by others within this discursive frame. This was the most frequent observation made in the current study. In the section 'Guardianship and Incompetence,' a long extract (40a-d) was presented and analysed in four parts. In this extract, 'guardianship and incompetence' repertoires were invoked to construct an account about how too much can be expected of the competence and ability of individuals with learning disabilities. These accounts were used to justify arguments against increasing choices and control and were co-constructed between carers as a series of anecdotes which constructed individuals with learning disabilities as lacking competence in various situations. Many of these anecdotes were also presented as extreme negative cases in a manner similarly seen in staff talk and, therefore, functioned as powerful examples against empowering people with learning disabilities. As seen in the section about increasing autonomy, accounts about having too much expectation were also used to construct the notion of increasing choices and control (for example, over washing hair) within a service-realm as a ridiculous idea. In contrast, parents positioned themselves as having reasonable, experienced expectations of their son or daughter.

Additionally, as seen under practicalities and mixed increasing autonomy and practicalities talk, parents were seen constructing their son/daughter as difficult, inconvenient and disruptive. This, once more allowed them to co-construct themselves as authoritarian parents. It could be argued that such a position conflicts with facilitating the choices and control of individuals with learning disabilities. However, as seen under practicalities talk, parents justified these positions as necessary for managing the struggle to get things done. There were also occasions under the section which examined guardianship and incompetence repertoires where speakers could have oriented to the possibility of teaching skills to the individuals they cared for, which would have increased their independence. For example, in extract 40, one mother's daughter was constructed as 'dirty' and this was problematised and prioritised over increasing this individual's choices and control. To elaborate, the mother attributed the problem of 'being dirty' to having more independence rather than to not having been taught certain hygiene skills by her in the first place. What is more, the attribution of such a problem to increasing independence was used to justify the claim that, 'you don't give a choice like that to [to my daughter]' (Chapter 6 Extract 40C, 686).

The section, 'inclusion policies as an obstacle to choice,' focused on how parents argued about policies of inclusion. Parents were observed constructing the changes arising from such inclusion policies (for example, the fragmentation of day-services) as an obstacle to their son's/daughter's preference to have their familiar, routine activities. In this case, parents constructed their son/daughter as routinised and institutionalised (also seen under practicalities talk and mixed increasing autonomy and practicalities talk) to justify arguments about having continued, structured institutional services. Speakers also supported their arguments by drawing on 'nostalgic' style repertoires to convincingly construct institutional services as 'loved and 'productive' and therefore a tragedy if they were to be closed down. Such an opposition to service changes allowed speakers to simultaneously position themselves as supporting their offspring's choices, whilst presenting arguments against policies to increase choice and control. Speakers oriented to possible implications of arguing against increases to choice and control by constructing such policies as unconsidered, faddish professional ideas. This allowed them the contrasting subject position of rational parents who live in the real world and who have experienced understandings



of their son's/daughter's needs. As described under 'guardianship and incompetence' repertoires, parents again did not orient to the possibility that they could be held accountable for not increasing their son's/daughter's skills by broadening their knowledge of the different choice options available to them. Instead, individuals with learning disabilities were constructed as incompetently preferring options that were familiar to them as a means of justifying arguments against service changes towards policies of inclusion.

Solving dilemmas talk was also identified in chapter 4, whereby staff dilemmatically described facilitating service-user choices and control and managing other institutional agendas. This dilemma was negotiated in talk in two ways: 1) providing service-users with negative consequences to their decisions and 2) educating service-users about their decisions. It was suggested that these strategies were the result of staff having certain pre-conceived ideas about what decisions service-users should be making. Nonetheless, through both of these strategies, staff were able to uphold their agenda of increasing service-user choices and control. In the present analysis, however, an account was co-constructed between several mothers about how they 'manipulate' their son/daughter when they have certain pre-conceived ideas about what their decisions should be. During this account, speakers positioned themselves as parents to normalise 'manipulation' as a typical parental activity. Speakers also explicitly constructed 'manipulation' as a normal activity which occurs within the home environment. This was a contrast to how choices and control were constructed as a new trend within the professional realm. Arguably, it could be that in practice manipulation amounts simply to a more straightforward way of describing the same activities (e.g. guiding choice) that staff described in chapter 4. Nonetheless, of significance was how unlike staff in chapter 4, parents did not orient to facilitating choice and control as a prioritised agenda within this talk. Indeed, in parents' accounts about increasing the independence of their son or daughter, independence was very infrequently constructed as positive, important or achievable.

## **7.5 Discourses and Ideological dilemmas in the Field of Learning Disabilities**

One of the most significant issues identified in this thesis was the ways in which certain discourses may be advanced in any direction to perform any type of social action. Though this has previously been discussed by Wetherell and Potter (1992) in

their examination of racist talk, and Wetherell et al's (1987) paper about sexist talk, to my knowledge, no previous research has ever examined the interpretative repertoires drawn on in accounts about increasing the autonomy of individuals with learning disabilities or analysed what functions these repertoires perform in talk. Two interpretative repertoires are particularly notable here. Firstly, increasing autonomy repertoires were drawn on by speakers in all three empirical studies and performed different work in each context. These were frequently advanced in an 'expected' fashion which was consistent with how autonomy, empowerment, choices and control were conceptualised in previous literature and Government policy (see chapter 2). For example, support workers drew on these discourses to present themselves positively as facilitators of choice, whilst service-users invoked these repertoires to resist staff power. Therefore, as expected, increasing autonomy repertoires were used to challenge disempowering talk. However, these repertoires also performed much disempowering work, particularly when presented as an ideological dilemma, mixed through a practice/principle rhetorical device with practicalities repertoires or used to construct the increase of choices and control as a ridiculous, unconsidered, professional idea.

Similarly, it could be presumed that guardianship and incompetence repertoires would most likely be invoked to disempower individuals with learning disabilities (see e.g. Scior, 2003). Indeed, this was most often the case when drawn on in parent talk. Service-users were also observed advancing these repertoires when constructing their accounts about having choices and control. Again, this occasionally had disempowering effects. However, it was also observed that these repertoires could be flexibly invoked for constructive purposes such as managing accountability and blame and constructing a competent identity. Therefore, the variable and flexible use of these repertoires highlights the importance of moving away from research methods which adopt a representational view of language.

Another important finding across these studies (particularly in the staff and parent studies) was how contrast structures such as good staff/bad staff, irresponsible service/rational parent, they/we (in 'all the same' repertoires), were invoked in the construction of persuasive accounts. Such contrast structures enabled speakers to present themselves positively when arguing against increasing choices and control in

some way. Of significance was the way in which these specific contrast structures were identifiable consistently across many speakers. Another notable feature which was dominant in both staff talk and parent talk was the use of extreme negative cases.<sup>4</sup> These cases were often presented as ‘dangerous’ or ‘awful’ consequences to increasing the choices and control of individuals with learning disabilities. They were also used to support constructions of individuals with learning disabilities as difficult and unmanageable. As noted previously, this could function as a powerful negative against empowering service-users. It is also notable that parents drew on these extreme negative cases to construct independence as the complete removal of support. It is possible that extreme negative cases may be an identifiable feature in any talk which is designed to put across a persuasive argument against something. In the present case, however, the identification of this device could be used to develop potential solutions. For example, it may be useful to draw attention to this problem and encourage staff and parents to talk about the empowerment of service-users in more positive ways.

The way in which parents invoked ‘increasing autonomy’ repertoires in ways which had disempowering effects was particularly troubling. Though Billig et al (1988) suggested that values such as liberal principles are standards which participants want to respect and to be seen to respect, parents rarely oriented to the notion of increasing independence, choice and control as a moral obligation. Therefore, increasing autonomy repertoires were hardly ever advanced to promote choices and control or to position family carers as facilitators of choice. Indeed, on the one occasion that it was advanced in this way, any empowering talk was undermined with the simultaneous presentation of practical obstacles. What is more, within solving dilemmas talk, staff were seen to work hard at presenting themselves as facilitators of choice. In the solutions they offered, they were careful not to infringe on service-user rights and choices in their talk. On the other hand, parents offered a solution of ‘manipulation’ within solving dilemmas talk, which left no room for respecting individual’s choices and control. Therefore, it would seem that discourses of empowerment and the notion

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<sup>4</sup> Note that extreme negative cases are different to what Pomerantz (1986) described as an extreme case formulation, which takes whatever evaluative dimension is being used to the extreme limits (e.g. a speaker may describe an object as enormous rather than big). In contrast, extreme negative cases comprises of anecdotes which are predominantly negative in their purpose (though there have been a few examples of extreme positive cases which are invoked to achieve positive outcomes).

of implementing empowering practice in interactions with individuals with learning disabilities is not something that family carers were concerned to demonstrate in this study. Thus, the facilitation of choices and control is presented as an ideological dilemma (Billig et al, 1988) in staff talk. These are managed through the use of disclaimers, contrast structures, show concessions and the offering of bounded empowerment in a way which allows staff to continue to construct themselves as facilitators of choice. In contrast it is not oriented as a dilemma at all in parent talk. Instead parents construct themselves as ‘authoritarian’ parents which justifies their non-dilemmatic arguments against facilitating choice and control. This suggests that ideological dilemmas could function as a means by which speakers present themselves as even-handed to put forward more persuasive arguments.

## **7.6 Empowering People with Learning Disabilities**

It could be argued that the differences between parent talk and staff talk stem from the different institutional positions and responsibilities of both parties. As described in chapter 2, empowerment discourses have entered the everyday rhetoric of learning disability services, professionals and policy (Ramcharan et al, 2007) and have become the guiding principle of staff practice (Department of Health, 2001; 2009). Therefore, staff are expected to ensure that service-users are not only well cared for, but that the care provided facilitates independence rather than dependence. In contrast, parents have no such ‘dual responsibility.’ Many of the parents involved in the third study were older family carers who perhaps, in their lifetime have received little advice or information regarding facilitating the independence of their son or daughter. Indeed, several parents gave accounts about how they had been advised to institutionalise and forget about their learning disabled family members. Therefore, perhaps given the lack of exposure to empowerment discourses, it is unsurprising that these parents constructed increasing autonomy as ‘new’ and ‘faddish.’ This implies that it is not only staff who could benefit from training about empowering service-users. Parents could also profit from receiving support and information about the Government’s new policies. Indeed, it may also be beneficial to address the way in which parents contrast and categorise themselves as different to services and to emphasise the importance of presenting a more united front in facilitating the empowerment of individuals with learning disabilities. Following Bowey et al, (2005), this could be achieved by alleviating parent concerns about increasing independence by showing

them positive cases where individuals with learning disabilities have moved into independent living accommodation and where appropriate support is still available. Indeed, given the extent to which staff also constructed extreme negative cases, perhaps they too could benefit from being exposed to positive examples of individuals with learning disabilities having their choices and control facilitated.

## **7.7 Methodological Limitations**

One of the main criticisms that could be levelled against this thesis was the use of interview data. Indeed the use of interviews in the studies in chapter 4 and chapter 5 has been explained in the method sections of the respective chapters. Nonetheless, analyses of reflective style talk about practice and experience from staff and service-users may have produced different findings to examinations of practice and identity construction in in-vivo situations. Indeed, talk may also have been different if focus groups had been used in the first two studies rather than interviews. It is possible, for example, that had focus group discussions been used in the study examining staff talk, speakers may not have engaged so extensively in dilemmatic discourses as was observed. It could be that these dilemmatic discourses were simply a feature of staff attempting to present themselves positively to an interviewer. Perhaps this feature in talk would have been less observable if staff had spoken to each other in groups and shared accounts about their practice.

Nunkoosing (2005) has raised several objections concerning the issue of power when using interviews as a method of collecting data in psychological research. He noted that 'the intellectual rigor and validity of our interpretations have to meet with the requirements of the research community rather than the agreement of the people we interview' (p. 699). This is particularly the case in research where discourse analysis has been used to interpret the data. To elaborate, Coyle (2001) explained that by focussing on the function of language rather than the representation of language, the analysis may reveal certain effects produced by language which the speaker is unaware of. Consequently, the traditional procedure for evaluating qualitative analyses whereby participants are asked to comment on the researcher's interpretation of the data is inappropriate for discourse analysis. Indeed, when presenting participants with the researcher's interpretation of the data, they may be faced with complaints from interviewees regarding the intention of language use. However, as

Coyle (2001) notes, this does not invalidate the analysis as the analytical focus is not intention in language use but the performatory function of language. Instead, (but, reinforcing Nunkoosing's (2005) concerns), a discourse analyst's interpretations may be warranted by producing sufficient textual evidence alongside the analysis to allow readers from the research community to evaluate the analysis for themselves. Nonetheless, this creates a paradoxical situation in a thesis which is intended to examine discourses about empowerment and to involve disempowered individuals whose contributions have often historically been silenced. The power of the researcher is demonstrated by how he or she may make analytical claims about language which cannot then be warranted by the people who produced that language. This, arguably, severely undermines some of the intentions of this thesis. However, it is hoped that some of the outcomes of the analyses and the suggestions made in section 7.9 will help alleviate this power imbalance.

In his concerns regarding the use of interviews, Nunkoosing (2005) also questioned, 'how do we involve people with no voices, people with weak voices, and people with incomprehensible voices in the interviews?' (p.705). This is a limitation which was not only encountered when interviewing some individuals labelled as having a learning disability, but also, more broadly in involving participants with verbal difficulties in a discourse analytic study. Indeed, in the study examining service-user talk, the contributions of three participants were excluded from the data-set. One of these exclusions was because of difficulties in being able to understand the interviewee (Ada) enough to transcribe her recorded interview. Therefore, because of communication difficulties, this participant was excluded in an early stage of the research process. This implies that individuals who have severe communicative difficulties will continue to be excluded from research which privileges verbal contributions. Indeed, in the recruitment phase for this study, the care-managers from all the services approached were explicit in discounting service-users that they considered would be unable to verbally communicate in an interview situation. The insensitivity of discourse analysis in involving participants with verbal difficulties was also encountered in the analysis phase of the study. It was, for example, difficult to identify macro patterns or interpretative repertoires in talk and often the analyses of extracts involved the presentation of several alternative interpretations of speaker accounts (see e.g. extract 32 in chapter 5). These methodological limitations suggest

that discourse analysis is inappropriate for examining the talk of individuals with severe communication difficulties. Nonetheless, this should not mean that discursive methods should be dismissed completely. Indeed, a paper by Finlay et al (2007) has described the use of conversation analysis to examine non-vocal gestures of service-users with learning disabilities and how these gestures may be used to make intelligible (though often unnoticed) contributions to conversation.

## **7.8 Areas for Future Research**

The inadequacy of discourse analysis as a method which struggles to involve speakers with severe communicative difficulties throws up concerns about the continued exclusion of such individuals from the research process. Finlay et al's (2007) paper has been valuable in revealing an alternative understanding of the interactional competence (through the use of gestures) of service-users. However, despite this the analysis of non-verbal gestures using conversation analysis remains an under-represented area of research. This method may be a useful way of furthering research which examines power relations between service-users with severe communicative difficulties and their supporters and would require video recordings of naturally occurring interactions (thus, also ruling out interviews as used in the second study).

One of the problems identified in section 7.7 involved the possibility that the dilemmatic nature of staff talk (in contrast to parent talk) may have been an artefact of staff attempting to present themselves positively to an interviewer. Following, Holstein and Gubrium (2003) it is difficult to deny the utility of the interview interaction for generating discursive resources which may not be casually engaged in in more naturalistic situations. Indeed, these dilemmatic resources may not have been invoked had the interviewer not been present to question and challenge the interviewees about their practice. Nonetheless, this raises the question of whether this dilemmatic feature in talk would have been less observable if staff had spoken to other members of staff in groups and shared accounts about their practice. In this context, would staff talk resemble that of parent talk more closely? This may be worth considering in future studies.

In the study examining family carer talk, it was observed that speakers frequently constructed their family members in derogatory and disempowering ways. This was

also observed (though to a lesser degree) in staff talk about service-users. Many accounts which positioned parents as, for example, 'authoritarian parents' were co-constructed between parents through supportive consensus. However, would parents have positioned themselves differently if their son/daughter had been involved in the discussion? Indeed, would they have continued to invoke disempowering repertoires such as 'guardianship and incompetence' repertoires to position their son/daughter as incompetent and to justify arguments against increasing independence had there have been individuals with learning disabilities present in the discussion? In future research examining discourses about empowerment, it may be beneficial to interview parent/offspring dyads or staff/service-users dyads or indeed to conduct mixed focus group discussions between service-users and supporters or parents and sons/daughters to examine whether similar constructions are invoked when the individuals concerned are present and partaking in the interaction. These studies could also examine whether/how individuals with learning disabilities resist such identity constructions in interactions with their supporters.

## **7.9 Suggested Ideas for Facilitating the Empowerment of People with Learning Disabilities**

Following Cromby and Nightingale (1999), a critical realist position has been adopted in this thesis. This has allowed for significant consideration to be given to how the repertoires invoked by speakers in the analyses may have 'real,' material disempowering effects on the lives of people with learning disabilities. This raises the question of what could be done to overcome this impoverished conception of autonomy that is offered to individuals with learning disabilities. Coyle (2001) argued that with its potential to reveal the implications of oppressive discourses, discourse analysis could be used to effect social change. Therefore, ultimately, a possible solution could be to challenge discourses which have disabling and disempowering effects. Perhaps one of the ways in which this could be done is through re-defining disability through for example the social model of disability (Oliver, 1996). Therefore, perhaps staff and parents should be made aware of positioning individuals with learning disabilities within an individual pathology discourse, and the way in which this can limit opportunities to increase choice and control. Indeed, the study by Finlay et al (2008b), which examined non-verbal gestures of individuals with communication difficulties, has called for environmental



changes in how staff communicate with service-users so that non-verbal gestures may be welcomed and taken up. In the present case, staff and parents could be made conscious of how people with learning disabilities are often constructed in talk as incapable and vulnerable rather than as capable, and how this is less conducive to providing empowering opportunities. Indeed, this is consistent with 'Valuing People Now's' (Department of Health, 2009) argument that existing perceptions about people with learning disabilities must be challenged in order that the right information and support can be provided to turn opportunities of empowerment into 'genuine possibilities' (p 87).

Similarly, Burr (2003) reasoned that, at an interpersonal level, change could be brought about by becoming familiar with the positions offered to us and the positions we offer others in our interactions with them. This accords with Billig et al's (1988) concern that speakers are not always aware of the counter themes within the discursive resources that are invoked, or the damaging consequences that may arise when they are brought into play. Thus, by familiarising care staff and parents with these contradictory themes (e.g. mixing increasing autonomy repertoires with practicalities repertoires or alternative invocations of increasing autonomy repertoires), strategies could be developed (for example by changing one's response in conversational exchanges) to resist unacceptable positions and take up positions in alternative discourses. Workshops could also be organised in which service-users with learning disabilities train their own staff about choices. In the present analysis, staff and family carer talk of practicalities served to justify their actions. However, in face to face interactions between staff, parents and individuals with learning disabilities, service-users as trainers will have the opportunity of starting on a much more equal footing to that generally observed between people with learning disabilities and carers. Thus, different strategies may be observed in talk.

Another way in which change may be effected is by taking up Jenkinson's (1993) argument (see literature review presented in chapter 2) that the theoretical framework on which decision-making is based is irrelevant to the situation of increasing the choices of people with learning disabilities. She argued that decision-making is often limited for people with learning disabilities because the decision making framework is based on qualities such as cognition, discretion, social competence and understanding

of one's own self-interest. Historically these qualities have been cast as inconsistent with constructions of individuals with learning disabilities. Indeed, Booth and Booth (1994) and Goodley (2000) note that supporters of individuals with learning disabilities may be more likely to take a 'deficit' perspective' which presumes the incompetence of individuals with learning disabilities and suppresses their independence. In contrast, supporters could adopt a 'capacity' perspective whereby an individual's capabilities would not be constructed as a reflection of their impairments, but, instead be ascribed to their social environment. Alternatively, perhaps the situation could be remedied by looking to Finlay et al's (2008a) suggestion that the continuing difficulties in increasing the choices and control of people with learning disabilities will not be resolved through a willingness to challenge discrimination alone, but by changing what it means to be a good worker and to have a well-run service. Therefore, perhaps solutions could be gained by looking to the other agendas of care staff. Jenkinson (1993) examined some of these other agendas and how they conflict with allowing service-users to make their own decisions. She suggested that perhaps some of the problems could be remedied by allowing service-users to participate in decisions regarding their habilitation, allowing them to have input into what skills they should learn and how these skills should be taught.

In the analysis of parent talk, it was observed that parents rarely oriented to the possibility that they could have taught their son or daughter certain skills which would have increased their independence. Extending on this, perhaps Jenkinson's (1993) suggestion could also be applied to the home and family domain whereby parents are given guidance in allowing their son or daughter to partake in more decisions concerning their daily routines and the skills they could acquire to facilitate their independence. The analysis of parent talk also identified alternative ways in which parents invoked increasing autonomy discourses. In this context, authoritarian and rational/experienced parent identities contrasted with irresponsible professional identities with the effect of closing off opportunities to increase choices and control. Given the potency of some of the patterns of talk (e.g. increasing autonomy talk and inclusion policies as obstacles to choice) advanced by parents, it may be beneficial for future strategies to focus on lessening the divide between family carers and paid

service-staff and to expose parents to the more empowering increasing autonomy repertoires that service professionals engage in.

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# Appendices

# **Appendix 1-Ethical Approval**

31 August 2005

Miss Treena Jingree  
Department of Psychology

Dear Miss Jingree

**An examination of the conflict faced by staff when providing care and respecting the autonomy of clients with learning disabilities (EC/2005/52/PSYCH)**

On behalf of the Ethics Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the submitted protocol and supporting documentation.

Date of confirmation of ethical opinion: **31 August 2005**

The list of documents reviewed and approved by the Committee are as follows:-

Document Type: Application  
Dated: 01/06/05  
Received: 16/06/05

Document Type: Research Proposal  
Dated: 01/06/05  
Received: 16/06/05

Document Type: Consent Form  
Dated: 01/06/05  
Received: 16/06/05

Document Type: Information sheet  
Dated: 01/06/05  
Received: 16/06/05

Document Type: Interview schedule  
Dated: 01/06/05  
Received: 16/06/05



Document Type: Your response to the Committee's comments  
Dated: 01/08/05  
Received: 08/08/05


This opinion is given on the understanding that you will comply with the University's Ethical Guidelines for Teaching and Research.

The Committee should be notified of any amendments to the protocol, any adverse reactions suffered by research participants, and if the study is terminated earlier than expected with reasons.

You are asked to note that a further submission to the Ethics Committee will be required in the event that the study is not completed within five years of the above date.

Please inform me when the research has been completed.

Yours sincerely



Catherine Ashbee (Mrs)  
Secretary, University Ethics Committee  
Registry

cc: Professor T Desombre, Chairman, Ethics Committee  
Dr W.M.L. Finlay, Dept of Psychology  
Dr E Lyons, Dept of Psychology



## Ethics Committee

20 September 2007

Dear Treena

A discourse analysis of parent talk on giving choice and control to people with learning difficulties  
EC/2007/72/FAHS

On behalf of the Ethics Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the submitted protocol and supporting documentation.

Date of confirmation of ethical opinion: 18<sup>th</sup> September 2007

The final list of documents reviewed by the Committee is as follows:

| Document  | Date    |
|---|---------|
| Summary of the project  | 18/9/07 |
| Detailed protocol for the project   | 18/9/07 |
| Information Sheet for Participants  | 18/9/07 |
| Consent Form  | 18/9/07 |
| Questionnaire/Interview Schedule  | 18/9/07 |
| Risk Assessment   | 18/9/07 |
| CRB check confirmation  | 18/9/07 |
| Information concerning any other Ethical Committee to which an application for approval is being made | 18/9/07 |

This opinion is given on the understanding that you will comply with the University's Ethical Guidelines for Teaching and Research.

The Committee should be notified of any amendments to the protocol, any adverse reactions suffered by research participants, and if the study is terminated earlier than expected with reasons.

You are asked to note that a further submission to the Ethics Committee will be required in the event that the study is not completed within five years of the above date.

Please inform me when the research has been completed.

Yours sincerely



Aimee Cox (Miss)  
Secretary, University Ethics Committee  
Registry

cc: Professor T Desombre, Chairman, Ethics Committee



## **Appendix 2-Information Letters sent to Managers of Services and Parents**

Dear

Further to our conversation on the telephone a couple of days ago, I am pleased to enclose information regarding my research. There is a possibility I may have already sent this information to one of your colleagues called who has the same address. If this is the case I apologise for the duplication.

As I mentioned, I am a psychology PhD student at the University of Surrey. I am currently conducting research looking at issues of autonomy and choice in people with learning disabilities. I am looking for care-givers of people with learning disabilities who would be willing to take part in an interview.

The interview is semi-structured in that questions may be responded to with as little or as much information as necessary. Therefore the interview may last up to an hour. The questions will relate to situations such as relationships, employment, finance and diet.

I would be extremely grateful if you would circulate the information sheet enclosed to members of your staff who are responsible for the care of any persons with learning disabilities. Participation in this study is completely voluntary, anonymous and confidential, therefore if anyone is interested in helping me with my research, I can be contacted on the address, email and phone numbers noted below and also on the information sheet.

Thank you very much for your help.

Kind regards.

Treena Jingree

Department of Psychology,  
School of Human Sciences.  
University of Surrey.  
Guildford,  
Surrey.  
GU2 7XH

Tel: 01483 686870

Email: [t.jingree@surrey.ac.uk](mailto:t.jingree@surrey.ac.uk)

Dear

This time last year I contacted you regarding my PhD research at the University of Surrey, which was on issues of autonomy and choice in people with learning disabilities. Thanks to the kind assistance of yourself and your chief executive, I was able to interview 15 members of your staff. I have now almost completed the analysis to that research and am currently writing up my findings. However my findings have also thrown up a few other questions regarding autonomy and choice which I would like to investigate further.

For my second investigation I am looking for service-users with learning disabilities who would be willing to take part in an interview. These interviews will follow the same format as my previous study in that they will be semi-structured so questions may be responded to with as little or as much information as necessary. As before, the questions will again relate to situations such as relationships, employment, finance and diet.

I was wondering if you would again be willing to assist me in conducting my second investigation by allowing me to interview some of your service-users. Participation in this study is completely voluntary, anonymous and confidential. If you know of anyone who is interested and able to help me with my research, I can be contacted on the address, email and phone numbers noted below.

Thank you again for your interest and support in my work.

Kind regards.

Treena Jingree

Department of Psychology,  
School of Human Sciences.  
University of Surrey.  
Guildford,  
Surrey.  
GU2 7XH

Tel: 01483 686870

Email: [t.jingree@surrey.ac.uk](mailto:t.jingree@surrey.ac.uk)

Dear ,

It was lovely to speak to you on the telephone last week. As I mentioned, I am currently conducting a third investigation and looking for volunteers who are parents of adults with learning disabilities who would be willing to participate. I have spoken to my supervisor and he is happy for this to include siblings too. My research will consist of a group discussion on increasing choices and control in situations such as relationships, employment, finance and diet. I hope to conduct two more group discussions, with a minimum of four participants and up to eight participants. These discussions are estimated to last approximately 90 minutes and will take place either at the University of Surrey or at a mutually convenient site. I am also able to offer participants some form of compensation/reimbursement of £15 to cover their expenses.

It is hoped that the findings will shed light on some of the ethical dilemmas experienced by parents/siblings in the face of the new Government proposals to increase choice and control in the lives of people with learning disabilities. It will also give people an opportunity to share their experiences and advice, talk through challenges together and explore their relationships with their sons/daughters in relation to autonomy.

As requested I have enclosed some participant information sheets which can be given to parents and siblings directly. I would be extremely grateful if you could contact me if you know of anyone who would be willing to participate. If anyone is interested, I can be contacted on the address, email and phone numbers noted above.

I look forward to hearing from you soon.

Kindest regards.

Treena Jingree

## Appendix 3-Information Sheets and Sample Consent Forms

### **Information Sheet for Participants.**

I am a student at the University of Surrey conducting research for my PhD in Psychology. My main interests are choice and independence in the lives of people with learning disabilities. I am particularly interested in how much control people with learning disabilities have over areas such as their diet, finances, housing, their social lives and their relationships.

I am currently looking for volunteers, responsible for the care of adults with learning disabilities, who would be willing to participate in my research. The research will consist of an interview, which will be tape recorded. The interview will be semi-structured, in that you may respond as little or as much as you want to each question. This will last approximately 1 hour.

Participation in this study is completely voluntary and you have the right to withdraw at any time. Participation will be completely anonymous and confidential. Therefore at no point will any personal or identifying details be known to anyone other than myself. The consent form will be the only document containing personal details. In all subsequent documents you will be identified by a code to maintain confidentiality. Furthermore, any identifying details in the transcriptions such as names and locations will be changed. There is a possibility that this research may be published in an academic journal. If this is the case the confidentiality of all participants and locations shall be maintained.

It is hoped that the findings will shed light on some of the ethical dilemmas experienced by care staff in the face of the new Government proposals to increase choice and control in the lives of people with learning disabilities. It will also give carers an opportunity to explore the work that they do in relation to autonomy.

If you have any questions regarding this research, or you are interested in participating, please do not hesitate to contact me on 01483 686870.

Alternatively I can be contacted via email at [t.jingree@surrey.ac.uk](mailto:t.jingree@surrey.ac.uk) or at the address above.

Thank you.

Treena Jingree

### **Information Sheet for Participants.**

I am a psychology research student at the University of Surrey. My main interests are in how much choice and independence people have when they live in care homes for people with learning disabilities. I am particularly interested in how much control you have over what you eat, your money, the work you do and the relationships and friendships you have.

I am looking for people who would be willing to be interviewed. These interviews will be tape recorded to make it easier for me to write out my findings. The questions in the interview can be answered with as little or as much information as you want. This will last approximately 1 hour.

Taking part in these interviews is completely voluntary. This means you may leave at any time. The information you give will be completely private and confidential. To help keep this information private, any names of people or places which you give me will be changed. There is a possibility that my work may be published and read by other psychologists. If this is the case your identity will remain private.

I hope that my findings will help the Government in their work to increase choice and control in the lives of people with learning disabilities. The interview will also enable you talk about how you feel about the choices you have in your life.

If you have any questions regarding my work, or you are interested in taking part, please do not hesitate to contact me on: 01483 686870.

Alternatively I can be contacted via email at [t.jingree@surrey.ac.uk](mailto:t.jingree@surrey.ac.uk) or at the address below.

Thank you.

Treana Jingree  
Department of Psychology,  
School of Human Sciences.  
University of Surrey.  
Guildford,  
Surrey.  
GU2 7XH

### **Information Sheet for Participants.**

I am a student at the University of Surrey conducting research for my PhD in Psychology. My main interests are choice and independence in the lives of people with learning disabilities. I am particularly interested in how much control people with learning disabilities have over areas such as their diet, finances, housing, their social lives and their relationships.

I am currently looking for volunteers who are parents or siblings of adults with learning disabilities, who would be willing to participate in my research. The research will consist of a group discussion which will be audio and video recorded. The discussion will include approximately four to eight participants and will last approximately 90 minutes. These will take place at the University of Surrey or at a mutually convenient site.

Participation in this study is completely voluntary and you have the right to withdraw at any time without having to give a reason. Participation will be anonymous to a certain degree in that there will be other people participating in the group discussion. Therefore, any information disclosed in the discussion will be known to other members of the group. However the amount and detail of the information disclosed during discussion is completely voluntary. Following the group meetings, recordings of the discussions will be transcribed to aid analysis. All identifying details such as names and locations on these recordings will be changed. Therefore at no point will any personal or identifying details be known to anyone other than the researchers and other members of the group. The consent form and reimbursement form will be the only other documents containing personal details. In all subsequent documents you will be identified by a code to maintain confidentiality. There is a possibility that this research may be published in an academic journal. If this is the case the confidentiality of all participants and locations shall be maintained.

It is hoped that the findings will shed light on some of the ethical dilemmas experienced by parents/siblings in the face of the new Government proposals to increase choice and control in the lives of people with learning disabilities. It will also give parents an opportunity to share their experiences and advice, talk through challenges together and explore their relationships with their sons/daughters, in relation to autonomy.

If you have any questions regarding this research, or you are interested in participating, please do not hesitate to contact me on: 01483 686870. Alternatively I can be contacted via email at [t.jingree@surrey.ac.uk](mailto:t.jingree@surrey.ac.uk) or at the address above.

Any complaint or concerns about any aspects of the way you have been dealt with during the course of the study will be addressed. Please contact Dr Mick Finlay, Principal Investigator on 01483 686893.

Thank you.

## Consent Form

- I the undersigned voluntarily agree to take part in the study on choice and independence in people with learning disabilities
- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.
- I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.
- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.
- I acknowledge that in consideration for completing the study I shall be fully reimbursed for any travel expenses incurred. I recognise that the sum would be less, and at the discretion of the Principal Investigator, if I withdraw before completion of the study.
- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer .....

(BLOCK CAPITALS)

Signed .....

Date.....

Name of Investigator .....

(BLOCK CAPITALS)

Signed .....

Date.....

## **Interview Schedule-Study 1**

### **Warm Up**

1. Tell me about yourself.
2. How would you describe the people you work with who have learning disabilities?
3. Describe your relationship or involvement with people with learning disabilities.
4. The Government recently made new proposals concerning people with learning disabilities, one of their objectives was to increase the control and choice people with learning disabilities have over their lives. How do you feel about this?
5. In what areas of their lives do you think people with learning disabilities have control?
6. In what areas of their lives do you think people with learning disabilities should gain more control?
  - p. Why?
  - p. When do you think staff should have more control?

### **Finance**

7. What do you think are the advantages and disadvantages of people with learning disabilities receiving direct payments?
8. How much control do you think people with learning disabilities have over spending?
9. Can you think of an example where staff would need to intervene with the client's spending?

### **Health**

10. What do you think about improving health awareness in people with learning disabilities?
11. What about if people/the person with learning disabilities was not interested in improving their health awareness?
12. How do you feel about people with learning disabilities managing their own doctor/hospital appointments and prescriptions?
  - p. Trust?
13. What are your experiences of people with learning disabilities managing their own appointments and medication?

### **Diet**

14. How much control do you think someone with learning disabilities should have over what they eat?
  - p. How about if they were diabetic or seriously overweight?
  - p. Why do you hold these views?
  - p. At what point do you think you would need to intervene?

### **Social and Sexual Relationships**



15. The Government want to see an increase in opportunities for people with learning disabilities in becoming less socially excluded, leading fulfilling lives and becoming full members of the community. What do you think about this?
16. How do you think someone with learning disabilities would integrate into the community?
  - p. Why?
17. How about in terms of developing friendships with non-disabled people?
18. How would you feel if these relationships or relationships with other people with learning disabilities were sexually intimate?
  - p. Would your views be different if the person with learning disabilities were male or female?
  - p. What about having children?
19. How much say do you think parents should have on this issue?
20. What are your views on increasing access to sexual education for people with learning disabilities?
21. What are your views on a person with learning disabilities reading pornographic magazines or watching pornographic videos?
22. How would you react if they asked you for help in accessing or buying pornographic material?
  - p. For example if they were in a wheel chair?

### **Employment**

23. The Government mention in their proposals, equality in employment opportunities, where people with learning disabilities have equal opportunities in every form of employment. What are your views on this?
24. Could you give me an example of a person with learning disabilities who works or wants to work?
25. What obstacles do you think they face?

### **Housing**

26. How much control do you think people with learning disabilities have over where they live?
  - p. Do you think this is fair/ do you agree with this?
  - p. Would your opinion be different depending on the abilities of the individual?
  - p. For example if you felt that their safety would be compromised?

### **Alcohol**

27. In terms of alcohol, how much do you think a person with learning disabilities has to drink on average?
  - p. For example compared to someone without learning disabilities of the same age and sex?
28. How much do you think a person with learning disabilities should have to drink?
29. Can you give me an example where a person with learning disabilities has wanted a drink and staff have had to intervene?
  - p. For example if they were on medication?

## **Interview Schedule-Study 3**

### **Warm Up**

30. How would you describe your son/daughter who has learning disabilities?/Describe your relationship with your son/daughter?
31. The Government recently made new proposals concerning people with learning disabilities, one of their objectives was to increase the control and choice people with learning disabilities have over their lives. How do you feel about this?
32. In what areas of their lives do you think people with learning disabilities have control?
33. In what areas of their lives do you think people with learning disabilities should gain more control?
- q. Why?
- q. When do you think parents should have more control?

### **Finance**

34. How much control do you think people with learning disabilities have over spending?
35. Can you think of an example where parents would need to intervene with their son's/daughter's spending?

### **Health**

36. What do you think about improving health awareness in people with learning disabilities?
37. What if your son/daughter was not interested in improving their health awareness?
38. How do you feel about your son/daughter managing their own doctor/hospital appointments and prescriptions?

### **Diet**

39. How much control do you think someone with learning disabilities should have over what they eat?
- q. How about if they were diabetic or seriously overweight?
- q. At what point do you think you would need to intervene?

### **Social and Sexual Relationships**

40. The Government want to see an increase in opportunities for people with learning disabilities in becoming less socially excluded, leading fulfilling lives and becoming full members of the community. What do you think about this?
41. How about in terms of developing friendships with non-disabled people?
42. How would you feel if these relationships or relationships with other people with learning disabilities were sexually intimate?
- q. Would your views be different if the person with learning disabilities were male or female?
- p. What about having children?
43. How much say do you think parents should have on this issue?

44. What are your views on increasing access to sexual education for people with learning disabilities?
45. What are your views on your son or daughter reading pornographic magazines or watching pornographic videos?
46. How would you react if they asked you for help in accessing or buying pornographic material?
  - p. For example if they were in a wheel chair?

### **Employment**

47. The Government mention in their proposals, equality in employment opportunities, where people with learning disabilities have equal opportunities in every form of employment. What are your views on this?

### **Housing**

48. How much control do you think people with learning disabilities have over where they live?
  - p. Would your opinion be different depending on the abilities of the individual?
  - p. For example if you felt that their safety would be compromised?

### **Alcohol**

49. In terms of alcohol, how much do you think a person with learning disabilities has to drink on average?
  - p. For example compared to someone without learning disabilities of the same age and sex?
50. How much do you think a person with learning disabilities should have to drink?
51. Have you ever had to intervene in your son/daughters drinking?
  - p. For example if they were on medication?

## Appendix 5-Description of Transcription Notation

The transcription symbols used in this study are an abbreviated set derived from Gail Jefferson's full system (see Atkinson and heritage, 1984, p. ix-xvi)

|           |   |
|-----------|---|
| (.)       | Just noticeable pause                                       |
| (-)       | Longer pause  |
| wo(h)rd   | 'Laughter' within words                                     |
| (word)    | Transcribers guess at an unclear part of the tape.          |
| °Over[lap | Square brackets between adjacent lines of concurrent speech |
| [over     | denote the start of overlapping talk                        |

## **Appendix 6-Glossary of Terms**

### **Direct Payment**

Direct Payments are financial payments made to individuals, who have been assessed as eligible to receive support. Instead of the Council arranging or providing services directly, this money is used to purchase support that the service-user considers most appropriate to meet assessed social care needs.

### **Inclusion**

This involves the active engagement of people with disabilities in all levels of society. The presence of people with disabilities does not constitute inclusion unless people with disabilities are valued contributing members with a sense of belonging.

### **Learning Disability Partnership Board**

These are new groups that bring people from different organisations and from the wider community together to work to put *Valuing People* into action locally. People with learning disabilities and carers will be members of the Board.

### **Normalisation**

Normalisation is a set of principles that underlie the idea that people with a learning disability should live in ordinary places, doing ordinary things, with ordinary people: essentially experiencing the 'normal' patterns of everyday life.

### **Person centred approaches**

Person centred approaches are ways of making sure that services do a better job of listening to what people who use them really want, and then make sure it happens

### **Person centred planning**

This means putting the person at the centre of planning for their lives by:

- Listening to and learning about what people want from their lives
- Helping people to think about what they want now and in the future
- Family and friends working together with the person to make this happen

### **Supported Living**

This is the provision of supports necessary for individuals with learning disability to establish, live in and maintain a household of their choosing in the community.

## **Appendix 7**

**Jingree and Finlay (2008) ‘You can’t do it...it’s theory rather than practice’: staff use of the practice/principle rhetorical device in talk on empowering people with learning disabilities. *Discourse & Society*, 19, pp. 705-726.**